A study of patient care characteristics among the various modes of optometric practice

Richard Kenneth Simonds
Pacific University

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A study of patient care characteristics among the various modes of optometric practice

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Degree Type
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Degree Name
Master of Science in Vision Science

Committee Chair
Willard B. Bleything

Subject Categories
Optometry

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A STUDY OF PATIENT CARE CHARACTERISTICS AMONG THE VARIOUS MODES OF OPTOMETRIC PRACTICE.

SUBMITTED BY:
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ADVISOR:
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DEAN, COLLEGE OF OPTOMETRY

SUBMITTED IN PARTIAL FULFILLMENT:
DOCTOR OF OPTOMETRY

APPROVED: August 10, 1967
Abstract

Measures of quality were applied to the following modes of practice: private/non-commercial; private/commercial; corporate commercial; H.M.O./traditional; and H.M.O./commercial. Sampling included alumni who practice in California, Oregon and Washington. A 42% response was obtained with the preponderance falling into the private/non-commercial mode of practice. Results indicate a marked quality difference between the various modes of practice as measured by the number of tests/procedures used and the general nature of the examination. Freedom in establishing fees and other policies in the practice also differed. This study adds a new dimension to those conducted earlier by the Federal Trade Commission and Robert R. Nathan Associates, INC. This dimension is of particular importance to the public in their choice of one practitioner over another and to the newly graduated optometrist as they examine various practice options.
Definitions

Private/Non-commercial
1. practice owned by optometrist
2. emphasis is on patient care and services

Private/Commercial
1. practice owned by optometrist
2. emphasis is on mercantile aspect of optometry-fashion frames, etc.

H.M.O. (Health Maintenance Organization)
1. pre-paid, comprehensive health care plan
2. optometrist is an employee of the HMO
3. multi-disciplinary emphasis

Corporate Commercial
1. practice is owned by corporation
2. optometrist is either employee or lease-holder
3. emphasis is on mercantile aspect, especially volume
Introduction

There have been two major studies as to follow-up from the Federal Trade Commission's deregulation of the optometric profession. The study by Robert R. Nathan Associates, INC. states that the quality of care is significantly different between private and commercial optometrists. The Federal Trade Commission's study entitled: "Staff Report on Effects of Restrictions on Advertising and Commercial Practice in the Professions: The Case of Optometry", claims that patient care will not differ between the types of optometric practice.

The Nathan study was a survey, conducted by sending 11 patients to 10 optometrists (five were commercialists and five were non-commercialists) for eye examinations in New York City. This study was a comparison of the quality of eye examinations given by the two groups of optometrists. The results of the survey showed that non-commercial practitioners provided a more thorough examination than commercial practitioners. The results of the completed eye examinations showed that only 32 percent of the optometrists operating in commercial environments detected the various vision problems of the survey subjects, whereas 60 percent of the optometrists in private practice (non-commercial) settings detected these conditions.¹ It can be concluded that the eye examinations performed (by New York City) optometrists in private practice settings are more likely to detect vision conditions and eye diseases than those in commercial settings. Furthermore, it can be concluded that the eye examinations given in commercial practice environments tended to be less comprehensive and lower in quality than those in private practice settings.² This shows in the procedures
utilized and time spent with the patient; the average examination time for private practice was 31.0 minutes with 13.7 minutes for commercial practice.

In the F.T.C. study 19 subjects obtained 434 eye examinations and 280 pairs of eye glasses, in 12 different metropolitan areas. Data were collected on the following: (1) the thoroughness of the eye examination, including tests for eye disease as well as visual acuity; (2) the accuracy of the prescription; (3) the accuracy and workmanship of the resulting eyeglasses; (4) the total price of the eyeglasses and examination; and (5) whether or not new glasses were prescribed when they were not needed. They found that advertising optometrists and chain-firm optometrists derive the correct prescription and produce accurate eyeglasses no less frequently than non-advertising optometrists. The data also indicate that there was no significant differences in the quality of eyeglass frames or lenses no matter where the eyeglasses were obtained. Moreover, advertising optometrists and chain-firm optometrists were no more likely than non-advertising optometrists to prescribe new eyeglasses when they were not needed. The results for price and quality suggest the following: Prescriptions and eyeglasses are no less adequate when obtained from an advertising optometrist or chain-firm optometrist than when obtained from a non-advertising, non-commercial optometrist. The thoroughness of the examination, however, does vary. More thorough examinations tend to be given by non-advertisers and less thorough examinations tend to be given by advertisers and chain-firm practitioners.
This particular research was designed to justify or disclaim the two previous studies and bring in a third methodology. A survey was designed to ask the following questions:

1) Type of Practice.
2) Description of routine examination.
3) Practice location.
4) Description of frame room.
5) Length of initial examination.
6) Number of office locations.
7) Routine dilation fundus exams.
8) Tests routinely performed.
9) Truth in price advertising.
10) Truth in time advertising.
11) Freedom to establish fees.

The following types of practice were surveyed: Private/non-commercial; private/commercial; corporate commercial; H.M.O. traditional; and H.M.O. commercial with 966 surveys sent out to all Pacific University College of Optometry alumni on the west coast.
Methodology

A survey was designed to ask practicing optometrists questions about their style of practice. The survey was constructed and pilot tested with the help of optometrists in practice in the San Diego, California and Portland, Oregon metropolitan areas. The optometrists involved practiced in all the types of settings that were surveyed. The population surveyed consisted of all Pacific University College of Optometry alumni practicing in the states of Oregon, California and Washington, this list obtained from the Pacific University Alumni office. The sample size consisted of 966 optometrists; 207 surveys were sent to the state of California; 372 to the state of Oregon; and, 387 to the state of Washington.

All the alumni on the west coast were sent surveys in order to prevent a bias in the study. The survey was designed to demand minimal effort by the participating doctors. The first eleven questions were multiple choice in order to allow an objective analysis of the data. The last five questions were of a demographic nature that will be used in the future by the College of Optometry Office of External Relations to plot population density and alumni distribution. The last section of the survey was designed to allow the alumni a chance to comment about the questions asked. The survey packets sent out consisted of a cover letter and a sixteen question survey along with a return envelope. The overall return rate of this study was 42.65%. Of the 207 surveys sent to California 68 were returned, giving a 32.85% return rate. A 39.78% return rate was obtained for the state of Oregon, or 148 returned surveys. The return rate for the state of
Washington was 45.22% and this was due to 175 returned surveys out of 387. Military and U.S. Public Health Service optometrists returned 8 surveys and an additional 13 surveys were returned that did not fit any of the preset criterion.

The total number of surveys returned was 412. Do to the large size of the private practice return rate, the three states were tabulated separately for the private practitioners. The other practice types were grouped together to facilitate analysis.
Results

Question number one about type of optometric practice had the following results.

OREGON OPTOMETRISTS (148 returned)
116 private/non-commercial
19 private/commercial
7 corporate commercial
6 H.M.O. traditional

WASHINGTON OPTOMETRISTS (175 returned)
135 private/non-commercial
16 private/commercial
3 corporate commercial
21 H.M.O. traditional

CALIFORNIA OPTOMETRISTS (68 returned)
60 private/non-commercial
2 private/commercial
2 corporate commercial
4 H.M.O. traditional
Question #2
Would you describe your routine exam as:

<table>
<thead>
<tr>
<th></th>
<th>Pro/short</th>
<th>Pro/long</th>
<th>Comm/short</th>
<th>Comm/long</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA. private</td>
<td>14.9%</td>
<td>85.1%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(N=134)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR. private</td>
<td>19.5%</td>
<td>80.5%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(N=113)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA. private</td>
<td>18.6%</td>
<td>81.4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(N=59)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.M.O.</td>
<td>76.8%</td>
<td>23.2%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(N=26)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corp. Comm.</td>
<td>54.2%</td>
<td>37.5%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(N=12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Comm.</td>
<td>25.7%</td>
<td>63.5%</td>
<td>2.70%</td>
<td>8.11%</td>
</tr>
<tr>
<td>(N=37)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The table of results for question number two shows the responses in percentages. There is no apparent difference in the responses for private practitioners from the three states. The question is would you describe your routine examination as either professional or commercial and whether it is long or short. The private practitioners give a professional long examination in about 80% of the practices surveyed in the three states. The H.M.O. doctors responded to this question with 76.8% answering professional short examinations and 23.2% answering professional long examinations. Twelve doctors from the corporate commercial setting of practice answered this question; 54.2% answered that they performed professional short examinations and 37.5% answered professional long examinations. Thirty seven doctors from the private commercial type of practice responded to this question, 25.7% responded professional short, 63.5% professional long, 2.70% commercial short and 8.11% commercial long.
<table>
<thead>
<tr>
<th>Question #3</th>
<th>Would you describe your frame room as:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>professional</td>
<td>commercial</td>
<td>N/A</td>
</tr>
<tr>
<td>WA. private (N=134)</td>
<td>92.2%</td>
<td>4.10%</td>
<td>3.73%</td>
</tr>
<tr>
<td>OR. private (N=115)</td>
<td>92.6%</td>
<td>5.22%</td>
<td>2.17%</td>
</tr>
<tr>
<td>CA. private (N=60)</td>
<td>95.0%</td>
<td>5.0%</td>
<td>0</td>
</tr>
<tr>
<td>H.M.O. (N=30)</td>
<td>63.3%</td>
<td>0</td>
<td>36.7%</td>
</tr>
<tr>
<td>Corp. Comm. (N=12)</td>
<td>25.0%</td>
<td>70.8%</td>
<td>4.17%</td>
</tr>
<tr>
<td>Private Comm. (N=34)</td>
<td>32.4%</td>
<td>55.9%</td>
<td>10.3% (1.47% other)</td>
</tr>
</tbody>
</table>
The results for question number three describing the practice frame rooms were as follows; 134 Washington private non-commercial doctors answered this question, 92.2% described their frame room as professional, 4.10% answered commercial and 3.73% answered not applicable. One hundred fifteen Oregon private non-commercial optometrists responded; 92.6% answered professional, 5.22% responded commercial and 2.17% responded not appropriate. Sixty California private practitioners (non-commercial) responded, 95.0% professional, 5.0% commercial. Thirty optometrists from the H.M.O. style of practice responded to this question, 63.3% described their dispensary as professional and 36.7% stated that there was not a dispensary associated with the H.M.O. Twelve optometrists practicing in the corporate commercial setting responded to this question, 25% described their frame room as professional, 70.8% stated that there frame room was commercial and 4.17% claimed that this question was not applicable. Thirty four doctors from the private commercial mode of practice responded to this question, 32.4% answered professional, 55.9% commercial and 10.3% N/A and 1.47% answered other.
### Question #4
#### Practice Location

<table>
<thead>
<tr>
<th></th>
<th>Pro.Bld</th>
<th>SMSF</th>
<th>SMDS</th>
<th>Hosp/CL</th>
<th>DSNM</th>
<th>SFDWN</th>
<th>OPTCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA. Private (N=135)</td>
<td>73.3</td>
<td>3.70</td>
<td>0.74</td>
<td>0.74</td>
<td>0</td>
<td>21.5</td>
<td>0</td>
</tr>
<tr>
<td>OR. Private (N=116)</td>
<td>79.7</td>
<td>6.03</td>
<td>0.86</td>
<td>2.16</td>
<td>3.45</td>
<td>7.76</td>
<td>0</td>
</tr>
<tr>
<td>CA. Private (N=58)</td>
<td>67.2</td>
<td>13.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19.0</td>
<td>0</td>
</tr>
<tr>
<td>H.M.O. (N=30)</td>
<td>11.7</td>
<td>0</td>
<td>0</td>
<td>88.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Corp. Comm. (N=12)</td>
<td>4.17</td>
<td>48.6</td>
<td>19.4</td>
<td>0</td>
<td>11.1</td>
<td>8.34</td>
<td>8.34</td>
</tr>
<tr>
<td>Priv. Comm. (N=37)</td>
<td>9.46</td>
<td>39.2</td>
<td>18.9</td>
<td>0</td>
<td>0</td>
<td>25.68</td>
<td>6.76</td>
</tr>
</tbody>
</table>

Pro. Bld - Professional Building  
S.M.S.F. - Shopping Mall Store Front  
S.M.D.S. - Shopping Mall Department Store  
Hosp/CL - Hospital/ Clinic  
OPTCH - Lease space from optical chain  
D.S.N.M. - Dept. Store (not in mall)  
S.F.D.W.N. - Store Front Downtown
The results from question number four describing practice location are as follows: 135 doctors from Washington in private practice answered this question; 73.3% stated that they practice in professional buildings, 3.70% responded that they practice in shopping mall store front locations, 0.74% practice in department stores in shopping malls, 0.74% practice in hospitals or clinics, and 21.5% practice in store fronts in downtown business districts. There were no responses from doctors practicing in downtown department stores or optical chains.

One hundred sixteen Oregon optometrists in private practice responded to this question: 79.7% practiced in professional buildings, 6.03% practiced in shopping mall store front locations, 0.86% practiced in shopping mall department stores, 2.16% in hospitals or clinics, 3.45% in department stores (not in malls), and 7.76% practice in store front locations in downtown business districts. Zero percent practiced in optical chains.

Fifty eight practitioners from California in private practice responded to this question: 67.2% practice in professional buildings, 13.8% in shopping mall store fronts and 19.0% in a downtown store front location.

Thirty doctors in the H.M.O. setting responded; 88.3% practice in hospitals or clinics and 11.7% in professional buildings.

Twelve optometrists in the corporate commercial type of practice answered as follows; 4.17% in professional buildings, 48.6%
practice in shopping mall store fronts, 19.4% are located in department stores in shopping malls, 11.1% surveyed practice in department stores not in malls, 8.34% are located in store fronts in a downtown business district, and another 8.34% are associated with optical chains.

Thirty seven private commercial optometrists answered this question: 9.46% were in professional buildings, 39.2% were in shopping mall store fronts, 18.9% were practicing in department stores located in shopping malls, 25.68% were located in store fronts downtown, and 6.76% were associated with optical chains.

<table>
<thead>
<tr>
<th>Question #5</th>
<th>How long do you schedule for an initial exam?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of minutes</td>
</tr>
<tr>
<td></td>
<td>10  20  30  40  40+</td>
</tr>
<tr>
<td>WA. private</td>
<td>0    2.22%  23.7%  14.1%  60.0%</td>
</tr>
<tr>
<td>(N=135)</td>
<td></td>
</tr>
<tr>
<td>OR. private</td>
<td>0    1.74%  17.4%  16.5%  64.3%</td>
</tr>
<tr>
<td>(N=115)</td>
<td></td>
</tr>
<tr>
<td>CA. private</td>
<td>0    2.50%  15.8%  21.7%  60.0%</td>
</tr>
<tr>
<td>(N=60)</td>
<td></td>
</tr>
<tr>
<td>H.M.O.</td>
<td>1.67%  21.7%  68.3%  0  8.33%</td>
</tr>
<tr>
<td>(N=30)</td>
<td></td>
</tr>
<tr>
<td>Corp. Comm.</td>
<td>0    12.5%  58.3%  0  29.2%</td>
</tr>
<tr>
<td>(N=12)</td>
<td></td>
</tr>
<tr>
<td>Private Comm.</td>
<td>0    10.8%  39.2%  10.8%  39.2%</td>
</tr>
<tr>
<td>(N=37)</td>
<td></td>
</tr>
</tbody>
</table>
Question number five pertaining to the length of an initial examination had the following results: 135 private non-commercial optometrists from Washington responded to this question; 2.22% schedule 20 minutes, 23.7% schedule 30 minutes, 14.1% schedule 40 minutes, and 60.0% schedule over 40 minutes for their initial examination.

One hundred fifteen Oregon private practitioners in non-commercial practice responded to this question; 1.74% schedule 20 minutes, 17.4% schedule 30 minutes, 16.5% schedule 40 minutes, and 64.3% schedule over 40 minutes for their initial examinations.

Sixty California private practitioners answered this question; 2.50% schedule 20 minutes, 15.8% schedule 30 minutes, 21.7% schedule 40 minutes, 60.0% schedule over 40 minutes for the initial examination.

Thirty practitioners from the H.M.O. setting responded to this question; 1.67% schedule 10 minutes per initial examination, 21.7% schedule 20 minutes, 68.3% schedule 30 minutes, and 8.33% schedule over 40 minutes for initial examinations.

Twelve practitioners from the corporate commercial type of practice responded to this question; 12.5% schedule 20 minutes per examination, 58.3% schedule 30 minutes and 29.2% schedule over 40 minutes.

Thirty seven private commercial practitioners responded to this question; 10.8% schedule 20 minutes for initial examinations,
<table>
<thead>
<tr>
<th>Question #6</th>
<th>How many offices do you work in?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number of offices</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>WA. private (N=135)</td>
<td>75.6%</td>
</tr>
<tr>
<td>OR. private (N=115)</td>
<td>73.9%</td>
</tr>
<tr>
<td>CA. private (N=59)</td>
<td>72.9%</td>
</tr>
<tr>
<td>H.M.O. (N=30)</td>
<td>66.7%</td>
</tr>
<tr>
<td>Corp. Comm. (N=12)</td>
<td>41.7%</td>
</tr>
<tr>
<td>Priv. Comm. (N=37)</td>
<td>59.5%</td>
</tr>
</tbody>
</table>
39.2% schedule 30 minutes, 10.8% schedule 40 minutes and 39.2% schedule over 40 minutes for each initial examination.

The results from question number six pertaining to the number of offices each doctor works in were as follows: 135 Washington non-commercial private practitioners responded to this question; 75.6% work in only one office, 23.7% practice in two offices, and 0.74% practice in three offices.

One hundred fifteen Oregon private non-commercial practitioners responded to this question; 73.9% practice in one office, 23.5% practice in two offices and 2.61% practice in three offices.

Fifty nine California private non-commercial practitioners responded to this question; 72.9% practice in one office, 22.0% practice in two offices, and 5.08% practice in three offices.

Thirty optometrists in the H.M.O. setting responded to this question; 66.7% practice in one office, 26.7% practice in two offices, 3.33% practice in three offices along with the same percentage practicing in four offices.

Twelve corporate commercial optometrists responded to this question; 41.7% practice in one office, 50.0% practice in two offices, and 8.33% practice in five or more offices.
<table>
<thead>
<tr>
<th>Question #7</th>
<th>Do you do dilated fundus examinations?</th>
<th>answers in percent</th>
<th>all base above certain age</th>
<th>path suspect</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>all base exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA. Private (N=132)</td>
<td>5.03</td>
<td>10.0</td>
<td>65.5</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>OR. Private (N=116)</td>
<td>3.02</td>
<td>6.42</td>
<td>70.7</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>CA. Private (N=60)</td>
<td>0</td>
<td>2.5</td>
<td>55</td>
<td>42.5</td>
<td></td>
</tr>
<tr>
<td>H.M.O. (N=30)</td>
<td>10</td>
<td>21.7</td>
<td>55</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td>Corp. Comm. (N=12)</td>
<td>0</td>
<td>0</td>
<td>56.3</td>
<td>41.7</td>
<td></td>
</tr>
<tr>
<td>Priv. Comm. (N=37)</td>
<td>2.70</td>
<td>1.35</td>
<td>45.9</td>
<td>48.6</td>
<td></td>
</tr>
</tbody>
</table>

Other
Question number seven asked the question of whether the doctor does dilated fundus examinations. One hundred thirty two Washington private non-commercial optometrists responded to this question; 5.30% on all base line examinations, 10.2% on all base line examinations above a certain age, 65.5% on only pathology suspects, and 18.9% do not do dilation.

One hundred sixteen Oregon private non-commercial optometrists responded to this question; 3.02% on all base line examinations, 6.42% on all base line examinations above a certain age, 70.7% on only pathology suspects, 17.2% do not dilate, and 2.59% answered other.

Sixty California private non-commercial practitioners responded; 2.5% on all base line above a certain age, 55% on only pathology suspects, and 13.3% do not dilate their patients.

Thirty practitioners in the H.M.O. setting responded; 10% on all base line examinations, 21.5% on all patients above a certain age, 55% dilate only pathology suspects, and 13.3% do not perform dilated fundus examinations.

Twelve corporate commercial optometrists responded; 58.3% do dilated examinations if they suspect a pathology, and the other 41.7% do not dilate.
Question #8

Please check what procedures you normally do during a routine exam?

Answers in percent.
Tests normally done during routine exam.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Case history</td>
<td>100</td>
<td>98.82</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>V.A. at far</td>
<td>100</td>
<td>100</td>
<td>97.67</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Int. eye health exam</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Ext. eye health exam</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Glaucoma screening</td>
<td>98</td>
<td>98.18</td>
<td>95.35</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Neurological tests</td>
<td>75</td>
<td>77.6</td>
<td>74.4</td>
<td>74</td>
<td>50</td>
<td>72</td>
</tr>
<tr>
<td>Corneal curve meas.</td>
<td>53</td>
<td>41.2</td>
<td>32.6</td>
<td>32</td>
<td>62.5</td>
<td>56</td>
</tr>
<tr>
<td>Obj. refract. at far</td>
<td>97</td>
<td>97.65</td>
<td>100</td>
<td>84.2</td>
<td>100</td>
<td>96</td>
</tr>
<tr>
<td>Ocular motility</td>
<td>91</td>
<td>91.76</td>
<td>88.4</td>
<td>79</td>
<td>62.5</td>
<td>92</td>
</tr>
<tr>
<td>Binoc. at far</td>
<td>93</td>
<td>96.47</td>
<td>95.35</td>
<td>89.5</td>
<td>75</td>
<td>92</td>
</tr>
<tr>
<td>V.A. at near</td>
<td>96</td>
<td>100</td>
<td>97.67</td>
<td>100</td>
<td>75</td>
<td>88</td>
</tr>
<tr>
<td>Acc., Conv., Binoc.</td>
<td>95</td>
<td>98.82</td>
<td>90.7</td>
<td>100</td>
<td>96.25</td>
<td>76</td>
</tr>
<tr>
<td>Verif. of prev. lenses</td>
<td>100</td>
<td>100</td>
<td>97.67</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Color vision</td>
<td>40</td>
<td>30.6</td>
<td>30.2</td>
<td>15.8</td>
<td>12.5</td>
<td>24</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>31</td>
<td>25.9</td>
<td>27.9</td>
<td>10.5</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Deter. of add tests</td>
<td>83</td>
<td>85.9</td>
<td>69.8</td>
<td>57.9</td>
<td>50</td>
<td>88</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Treatment plan</td>
<td>96</td>
<td>94.12</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
Results for question number eight are extremely complex. Due to the length of this set of data, the results are in table form. All the answers were tabulated and converted to percent. The answers refer to what percentage of the time during a routine examination the procedure is done.

Thirty seven private commercial practitioners responded; 2.70% on all baseline examinations, 1.35% on all baseline above a certain age, 45.9% dilate only pathology suspects, 48.6% do not dilate, and 1.35% answered other.
Question #9
If patients come in to get glasses or contacts from an advertisement, what percentage of the time do they get the Rx at the price advertised?

<table>
<thead>
<tr>
<th></th>
<th>100-85%</th>
<th>84-70%</th>
<th>about 50%</th>
<th>&lt;50%</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA.private</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=99)</td>
<td>5.56%</td>
<td>1.01%</td>
<td>0</td>
<td>0</td>
<td>93.4%</td>
</tr>
<tr>
<td>OR.private</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=85)</td>
<td>4.12%</td>
<td>0</td>
<td>1.18%</td>
<td>1.18%</td>
<td>93.5%</td>
</tr>
<tr>
<td>CA.private</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=43)</td>
<td>11.6%</td>
<td>2.33%</td>
<td>0</td>
<td>0</td>
<td>86.0%</td>
</tr>
<tr>
<td>H.M.O.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=22)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td>Corp. Comm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=9)</td>
<td>55.6%</td>
<td>22.2%</td>
<td>11.1%</td>
<td>11.1%</td>
<td>0</td>
</tr>
<tr>
<td>(N=26)</td>
<td>46.2%</td>
<td>7.69%</td>
<td>11.5%</td>
<td>3.85%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>
Question number nine was if patients come into get glasses or contacts from an advertisement, what percentage of the time do they get the Rx at the advertised price.

Ninety nine Washington private non-commercial optometrists responded to this question; 5.56% answered 100-85% of the time, 1.01% answered 84-70% of the time, and 93.4% answered not applicable.

Eighty five Oregon private non-commercial practitioners responded; 4.12% answered 100 to 85% of the time, 1.18% answered about 50% of the time, 1.18% answered less than 50% of the time, and 93.5% answered not applicable.

Forty three California private non-commercial practitioners responded; 11.6% answered 100-85% of the time, 2.33% answered 84-70% of the time, and 86.0% answered not applicable.

All 22 practitioners in the H.M.O. setting responded not applicable.

Nine corporate commercial practitioners responded; 55.6% answered 100-85% of the time; 22.2% answered 84 to 70% of the time, 11.1% answered about 50% of the time, and 11.1% answered less than 50% of the time.

Twenty six private commercial practitioners responded to this question; 46.2% answered 100 to 85% of the time, 7.69% answered 84-70% of the time, 11.5% answered about 50% of the time, 3.85% answered less than 50% of the time, and 30.8% answered not applicable.
Question #10
If the place you practice advertises a certain hour service (e.g. two hour service); what percentage of cases fall within this time frame?

<table>
<thead>
<tr>
<th></th>
<th>100-90%</th>
<th>90-80%</th>
<th>80-70%</th>
<th>60-50%</th>
<th>&lt;50%</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA. Private (N=99)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>OR. Private (N=84)</td>
<td>1.19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2.38</td>
<td>96.4</td>
</tr>
<tr>
<td>CA. Private (N=43)</td>
<td>0</td>
<td>2.33</td>
<td>0</td>
<td>0</td>
<td>2.33</td>
<td>95.3</td>
</tr>
<tr>
<td>H.M.O. (N=22)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Corp. Comm. (N=8)</td>
<td>12.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>87.5</td>
</tr>
<tr>
<td>Priv. Comm. (N=25)</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>88</td>
</tr>
</tbody>
</table>
The results for question number ten pertaining to whether a practice advertises a certain hour service and what percentage of the cases fall within this time.

All 99 Washington private non-commercial practitioners answered not applicable.

Eighty four Oregon private non-commercial practitioners responded to this question; 96.4% not applicable, and 2.38% stated that less than 50% get the Rx in the promised time.

Forty three California private non-commercial practitioners responded; 2.33% answered 90-80% of the time, 2.33% answered less than 50% of the time, and 95.3% answered not applicable.

All 22 H.M.O. responding optometrists answered not applicable.

Eight corporate commercial practitioners responded to this question; 12.5% answered 100-90% of the time, and 87.5% answered not applicable.

Twenty five private commercial optometrists responded; 8% answered 100-90% of the time, 4% answered 80-70% of the time, and 88% answered not applicable.
Question # 11
In your particular practice setting are you free to establish your own usual and customary fee for service?

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA. private (N=101)</td>
<td>97.0%</td>
<td>2.97%</td>
<td>0</td>
</tr>
<tr>
<td>OR. private (N=84)</td>
<td>98.8%</td>
<td>1.19%</td>
<td>0</td>
</tr>
<tr>
<td>CA. private (N=42)</td>
<td>95.2%</td>
<td>2.38%</td>
<td>2.38%</td>
</tr>
<tr>
<td>H.M.O. (N=21)</td>
<td>23.8%</td>
<td>4.76%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Corp. Comm. (N=9)</td>
<td>11.1%</td>
<td>55.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Priv. Comm. (N=26)</td>
<td>69.2%</td>
<td>11.5%</td>
<td>3.83%</td>
</tr>
</tbody>
</table>

Note: The table shows the percentage of respondents who answered "All" time, "Some" time, and "None" time, respectively, for each practice setting.
Question number eleven determined if you were free to establish your own usual and customary fee for service in your particular practice setting.

One hundred one Washington private non-commercial practitioners responded; 97.0% all of the time, and 2.97% some of the time.

Eighty four Oregon private non-commercial practitioners responded; 98.8% all of the time, and 1.19% some of the time.

Forty two California private non-commercial practitioners responded; 95.2% all of the time, 2.38% some of the time, and 2.38% none of the time.

Twenty one H.M.O. practitioners responded to this question; 23.8% all of the time, 4.76% some of the time, 61.9% none of the time, and 9.52% other.

Nine corporate commercial optometrists responded; 11.1% all of the time, 55.6% some of the time, and 33.3% none of the time.

Twenty six private commercial practitioners responded to this question; 69.2% all of the time, 11.5% some of the time, 15.4% none of the time, and 3.83% other.
DISCUSSION

148 surveys were returned from the state of Oregon. Of these 116 were from private non-commercial practitioners. One hundred seventy-five surveys were returned from the state of Washington. Of these 135 were from private practitioners. Sixty-eight surveys were returned from the state of California. Of these 60 were from private practitioners.

The following discussion relates to private non-commercial practitioners.

ROUTINE EXAMINATION

We find in all three states surveyed, the great majority of practitioners described their examination as "professional long". The differences between the states were minimal. Washington state had the largest percentage describing their examination as "professional long" (85.1%), and California had the smallest percentage describing their examination as "professional long".

In all three states "professional long" examinations are the rule, rather than the exception.

FRAME ROOM

In all three states surveyed, the overwhelming majority of private non-commercial practitioners (93.27%), responded that their frame room was "professional". Few practitioners described their frame rooms as "commercial".

The differences between states were minimal, with California practitioners claiming the highest percentage (95.0%) of "professional" frame rooms. In all three states professional frame rooms are the rule, rather than the exception.
PRACTICE LOCATION
The majority of private non-commercial practitioners were located in professional buildings, in all three states. Oregon had the highest percentage (79.7%), and California the lowest percentage (67.2%). California also had the highest percentage in shopping mall store fronts (13.8%).

Less than 1% of private non-commercial practitioners were practicing in either hospitals or clinics.

LENGTH OF INITIAL EXAMINATION
The majority (61.43%) of private non-commercial optometrists performed examinations that are at least 40 minutes long. A small percentage (2.15%) of the private non-commercial optometrists performed short 10 minute examinations.

In all three states, long initial examinations are commonplace.

NUMBER OF OFFICES
The vast majority (74.13%) of private non-commercial optometrists practice in only one office. This was true for all three states surveyed. Although, some optometrists practice in two offices, there were no optometrists practicing in more than two offices.

DILATED FUNDUS EXAMINATIONS
Few practitioners (2.77%) perform D.F.E.'s on all base line examinations. However, the majority (63.73%) of private non-commercial optometrists will perform a D.F.E. if they suspect a pathology.

PRICE ADVERTISING
A overwhelming majority (90.97%) of the private
non-commercial optometrists in all three states responded "not applicable".

QUICK SERVICE

A overwhelming majority (97.23%) of the private non-commercial optometrists in all three states responded "not applicable".

FREEDOM TO ESTABLISH FEES

A overwhelming majority (97.0%) of the private non-commercial optometrists in all three states responded that they are free to establish their own usual and customary fees.

SUMMARY

In summary, the private non-commercial optometrist from any of the three states surveyed will fit the following profile. He will perform a long professional examination of at least 40 minutes. The examination is complete and will also include a D.F.E. if needed. He usually practices in one office that is in a professional building. His frame room is professional and he usually does not price advertise. He is also free to establish his own fee for services. For the purpose of comparison the private practitioners responses from the three states were averaged together. The four modes of practice were then compared to each other.

The following discussion relates to private commercial practitioners.

ROUTINE EXAMINATION

A majority (63.5%) of the private commercial optometrists describe their routine examination as "professional" long.
FRAME ROOM
Only 32.4% of the private commercial optometrists describe their frame room as professional.

PRACTICE LOCATION
The most popular location for the private commercial optometrist was the shopping mall store front. There were no private commercial optometrists in a hospital or clinic setting.

LENGTH OF INITIAL EXAMINATION
Only 39.2% of private commercial optometrists performed examinations that are longer than 40 minutes.

NUMBER OF OFFICES
Many private commercial practitioners (40.5%) practice in more than one office.

DILATED FUNDUS EXAMINATIONS
Very few private commercial practitioners (2.70%) perform D.F.E.'s on all baseline examinations. Only (45.9%) will perform dilation if they suspect a pathology.

PRICE ADVERTISING
Only 46.2% of the time the patient receives glasses or contacts at the price advertised by the private commercial optometrist.

QUICK SERVICE
A majority (88.0%) of the private commercial practitioners responded not applicable.

FREEDOM TO ESTABLISH FEES
A small majority (69.2%) of the private commercial practitioners stated that they were free to establish their fees all of the time.

SUMMARY
In comparing private commercial practice to private non-commercial practice, a private commercial routine examination is shorter, the frame room is more commercial than in private non-commercial practice, and most practices are located in shopping mall storefronts. The doctor will most likely work in more than one office and D.F.E.'s are rarely performed even when a pathological condition is suspected.

The following discussion relates to corporate commercial optometrists.

**Routine Examination**
The majority (54.2%) described their examination as "professional short".

**Frame Room**
The vast majority (70.8%) describe their frame room as commercial.

**Practice Location**
The most popular location (48.6%) is a shopping mall storefront. No corporate commercial optometrists were practicing in either hospitals or clinics.

**Length of Initial Examination**
Only 29.2% of corporate commercial optometrists performed examinations that were longer than 40 minutes.

**Number of Offices**
The majority (58.33%) practice in two or more offices.

**Dilated Fundus Examinations**
None of the corporate commercial optometrists surveyed performed baseline D.F.E.'s. Only 58.3% will perform a D.F.E. if they
suspect a pathology.

**PRICE ADVERTISING**
The majority of the time (55.6%) the patient receives glasses or contacts at the price advertised by the corporate commercial optometrist.

**QUICK SERVICE**
A majority (87.5%) of the corporate commercial practitioners responded not applicable to the quick service question.

**FREEDOM TO ESTABLISH FEES**
A small minority (11.1%) of the corporate commercial practitioners stated that they were free to establish their fees all of the time.

**SUMMARY**
In comparing corporate commercial practice to private non-commercial practice, a corporate commercial routine examination is shorter, the frame room is more commercial than in private non-commercial practice, and most practices are located in shopping mall storefronts. The doctor will most likely work in more than one office, and D.F.E.'s are performed (58.3%) only when a pathological condition is suspected. A small minority (11.1%) of the corporate commercial practitioners are free to establish their fees all of the time as compared to 97.0% of the private non-commercial practitioners.

*The following discussion relates to H.M.O. practitioners.*

**ROUTINE EXAMINATION**
The majority (76.8%) described their examination as "professional short".
FRAME ROOM
The vast majority (63.3%) describe their frame room as professional.

PRACTICE LOCATION
The vast majority (88.3%) are located in hospital/clinic location.

LENGTH OF INITIAL EXAMINATION
Only 8.33% of H.M.O. optometrists performed examinations that were longer than 40 minutes.

NUMBER OF OFFICES
The majority (66.7%) practice in one location only.

DILATED FUNDUS EXAMINATIONS
H.M.O. employed optometrists performed routine baseline D.F.E.'s, 10.0% of the time.

PRICE ADVERTISING
Not applicable to H.M.O. optometrists.

QUICK SERVICE
Not applicable to H.M.O. optometrists.

FREEDOM TO ESTABLISH FEES
A minority (23.8%) of the H.M.O. practitioners stated that they were free to establish their fees all of the time.

SUMMARY
In comparing H.M.O. practice to private non-commercial practice, an H.M.O. routine examination is shorter, most practices are located in hospital/clinics, the doctor will most likely work in one office, and D.F.E.'s are performed (55.0%) only when a pathological
condition is suspected. A minority (23.8%) of the H.M.O. practitioners are free to establish their fees all of the time as compared to 97.0% of the private non-commercial practitioners.

PROCEDURES
According to the Oregon optometry law there are 18 procedure areas an optometrist must perform during an examination. The following is a table showing the number of tests left out of the examination by private non-commercial practitioners.

<table>
<thead>
<tr>
<th>Number of tests left out</th>
<th>Answers in percent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>Washington (N=100)</td>
<td>6.0 20 25 28 13 4.0 2.0 2.0 0</td>
</tr>
<tr>
<td>Oregon (N=85)</td>
<td>10.6 8.24 27.1 30.6 15.3 3.53 3.53 1.18 0</td>
</tr>
<tr>
<td>California (N=43)</td>
<td>6.98 11.6 16.3 32.6 18.6 4.65 4.65 2.33 2.33</td>
</tr>
<tr>
<td>Average</td>
<td>7.86 13.28 22.8 30.4 15.63 4.06 3.39 1.84 .776</td>
</tr>
</tbody>
</table>

The mean number of tests left out of the 18 was 3. Twenty-eight percent of the Washington, 30.6% of the Oregon and 32.6% of the California private non-commercial practitioners left out three of the 18 tests in the test battery. As the table shows there is very little difference between the practitioners in private non-commercial practice between the three states surveyed. A comparison of each individual test also shows very little difference between the private non-commercial practitioners between the three states.
The following table shows what percentage of the time the tests are performed by private non-commercial practitioners by state.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>WASH.</th>
<th>OREGON</th>
<th>CALIF.</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>case Hx.</td>
<td>100</td>
<td>98.8</td>
<td>100</td>
<td>99.6</td>
</tr>
<tr>
<td>U.A.@ far</td>
<td>100</td>
<td>100</td>
<td>97.67</td>
<td>99.22</td>
</tr>
<tr>
<td>int. eye health</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>ext. eye health</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>glaucoma</td>
<td>98</td>
<td>98.18</td>
<td>95.35</td>
<td>97.18</td>
</tr>
<tr>
<td>neuro. test</td>
<td>75</td>
<td>77.6</td>
<td>74.4</td>
<td>75.67</td>
</tr>
<tr>
<td>corneal meas.</td>
<td>53</td>
<td>41.2</td>
<td>32.6</td>
<td>42.27</td>
</tr>
<tr>
<td>obj. ref.@Far</td>
<td>97</td>
<td>97.65</td>
<td>100</td>
<td>98.22</td>
</tr>
<tr>
<td>ocular motility</td>
<td>91</td>
<td>91.76</td>
<td>88.4</td>
<td>90.39</td>
</tr>
<tr>
<td>bin. @ far</td>
<td>93</td>
<td>96.47</td>
<td>95.35</td>
<td>94.94</td>
</tr>
<tr>
<td>U.A. @ near</td>
<td>96</td>
<td>100</td>
<td>97.67</td>
<td>97.89</td>
</tr>
<tr>
<td>Acc.,Conv.,Binoc.</td>
<td>95</td>
<td>98.82</td>
<td>90.7</td>
<td>94.84</td>
</tr>
<tr>
<td>Verif. of prev. Rx.</td>
<td>100</td>
<td>100</td>
<td>97.67</td>
<td>99.22</td>
</tr>
<tr>
<td>color vision</td>
<td>40</td>
<td>30.6</td>
<td>30.2</td>
<td>33.6</td>
</tr>
<tr>
<td>blood pressure</td>
<td>31</td>
<td>25.9</td>
<td>27.9</td>
<td>28.27</td>
</tr>
<tr>
<td>deter. of add tests</td>
<td>83</td>
<td>85.9</td>
<td>69.8</td>
<td>79.57</td>
</tr>
<tr>
<td>diagnosis</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>treatment plan</td>
<td>96</td>
<td>94.12</td>
<td>100</td>
<td>96.71</td>
</tr>
</tbody>
</table>

Based upon the comparison of procedures performed, there is no significant difference between private practice optometry within the three states.

Question number eight which listed the 18 procedures in the Oregon optometry law had the following response rate. 100 Washington, 85 Oregon and 43 California private non-commercial practitioners responded. Nineteen practitioners from health maintenance organizations, 8 corporate commercial and 25 private
commercial optometrists also responded. A comparison of the private non-commercial practitioners showed that this type of practice has little variation between the three states surveyed. The other three modes of practice were summed together by type. The average of the responses from the non-commercial private practitioners were compared to the other three modes of practice. For the purpose of comparison the following table shows the average of the responses from private non-commercial practitioners compared to the H.M.O., corporate commercial and private commercial practitioners.

(Percent of the time, procedure is performed by type of practice.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>case Hx.</td>
<td>99.6</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
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<td>89.5</td>
<td>75</td>
<td>92</td>
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<tr>
<td>V.A. @ near</td>
<td>97.89</td>
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<td>75</td>
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<tr>
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<td>96.25</td>
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As the table shows there is a difference between the tests that are performed between the different types of practice.

**SUMMARY OF DISCUSSION**

From the patient's viewpoint the private non-commercial optometrist offers the most complete visual examination and demonstrates the greatest concern with binocular, accommodative-convergence interactions. Not only is the private non-commercial optometrist concerned about behavioral/functional aspects, he is also skilled at pathology detection/primary care as demonstrated by the number of D.F.E.'s.

The private non-commercial optometrist most often tends to be located in a professional building and have a professional frame room. Rarely do these optometrists price advertise. Instead, they compete against other modes of practice by offering quality visual examinations and professional service. This contrasts to the commercial form of optometry which emphasizes the mercantile/product aspect.

Unlike H.M.O. optometrists, the private non-commercial optometrist, due to his longer examination time, is able to emphasize accommodative-convergence problems. Due to their very nature, H.M.O.s are not in the "business" of providing ophthalmic eyewear. The private non-commercial optometrist is able to provide both in a professional setting.

Only the private non-commercial optometrist can be considered to be truly independent, because only the private non-commercial optometrist is free to set both his fees and schedule his patients.
In summary, the needs of the patient are probably best served by the private non-commercial optometrist. This is not to say that other modes of practice can not provide adequate service, but rather only the private non-commercial optometrist has the freedom to provide all these services.
CONCLUSION

Based upon the responses from this survey the following conclusions can be drawn. There is not a difference in private non-commercial practice between the three states surveyed. There is a significant difference between the tests that are performed between the four styles of practice in this survey. Each style of practice has its own unique location. It can also be concluded that very few practitioners also offer prescriptions in just a couple of hours. Most of the private non-commercial practitioners do not price advertise. Only those practitioners that are self employed are free to establish their own fees for service.

If a patient were to visit a private, non-commercial optometric practice, he would on the average, receive a longer, more comprehensive optometric examination. The patient would find an optometrist who is concerned not only with pathology detection, but also concerned with the behavioral/functional aspects of optometry. The patient would also find fewer price advertisements, and somewhat slower service than can be delivered by the commercial optometrist.

The private, non-commercial optometrist allocates more time to the optometric examination, than either the commercial optometrist or the optometrist employed by the HMO. He is more likely to be located in a professional building. Since the private, non-commercial optometrist practices not only primary-care optometry, but also behavioral/functional optometry, a greater variety of skills are needed. The private, non-commercial optometrist is least likely to advertise, and has the greatest freedom in establishing fees.
The patient who visits the private, commercial optometrist would find an optometrist who places less emphasis on accommodative, convergence, and binocularity testing (performed only 76% of the time by private, commercial optometrists vs. 95% of the time by private non-commercial optometrists.) There is less emphasis placed on pathology detection. The length of the examination is shorter than that of the private, non-commercial practitioner. The private, commercial optometrist tends to perform fewer ancillary tests.

From the optometric viewpoint, the private, commercial optometrist tends to place greater emphasis on the mercantile aspect of optometry. Consequently there is less emphasis on both primary-care optometry and behavioral/functional optometry. The private, commercial optometrist is more likely to price advertise than the private, non-commercial optometrist.

The patient who visits the HMO-employed optometrist will find an optometrist whose main emphasis is on refraction and pathology detection. There is almost no emphasis on the behavioral/functional aspect of optometry. The average length of the HMO optometric exam is typically twenty to thirty minutes as compared to forty minutes or more in the private, non-commercial setting. The patient will find no price advertising and no "quick" dispensing of the optometric appliances.

The optometrist who is employed by the HMO will have less time to perform an optometric examination than his counterpart in the private, non-commercial setting. There is also no emphasis on the mercantile aspect. Greater skills are needed in the areas of pathology detection and primary care optometry. The HMO employed
optometrist has no freedom in scheduling his patients or establishing his fees.

The patient who visits the corporate/commercial optometrist will have the shortest optometric examination. The emphasis will be on refraction, with little concern on either primary care (disease detection) or functional optometry. Greatest emphasis is placed on the mercantile aspect.

The optometrist who is employed by the corporate/commercial outfit, will have the least amount of time to perform the optometric examination. Emphasis will be placed on refraction, and the mercantile aspects of the practice of optometry. There is little emphasis on either the primary care side or behavioral/functional aspects of optometry. The optometrist will have very little freedom in establishing his fee schedule. The optometrist working in such a setting has a great likelihood of working in multiple locations.
References

1. Robert R. Nathan Associates, INC. Consulting Economists  
   1301 Pennsylvania Avenue, N.W.  
   Washington, D.C. 20004  
   Telephone: (202) 393-2700

2. Robert R. Nathan Associates, INC. Consulting Economists  
   1301 Pennsylvania Avenue, N.W.  
   Washington, D.C. 20004  
   Telephone: (202) 393-2700

3. Federal Trade Commission  
   Staff Report on EFFECTS OF RESTRICTIONS ON ADVERTISING AND  
   COMMERCIAL PRACTICE IN THE PROFESSIONS: The Case of Optometry,  

4. Federal Trade Commission  
   Staff Report on EFFECTS OF RESTRICTIONS ON ADVERTISING AND  
   COMMERCIAL PRACTICE IN THE PROFESSIONS: The Case of Optometry,  

5. Federal Trade Commission  
   Staff Report on EFFECTS OF RESTRICTIONS ON ADVERTISING AND  
   COMMERCIAL PRACTICE IN THE PROFESSIONS: The Case of Optometry,  
Dear Alumnus:

I am doing my optometry thesis entitled: "A STUDY OF PATIENT CARE AMONG THE VARIOUS TYPES OF OPTOMETRIC PRACTICE".

I need your assistance in this project. Will you please answer the following survey and return it in the enclosed self-addressed, stamped envelope. As an added bonus I have arranged with the Dean and the Continuing Education Department a free gift for your time; a continuing education certificate, worth $5.00 toward the Fall 1986 Homecoming continuing education seminar through Pacific. Please return the enclosed survey by April 30th, 1986. I appreciate the time that you will spend in filling out the following survey. Thank you.

Sincerely,

Richard K. Simonds
Class of 1987

P.S.
If you have any comments feel free to place them on the survey form.
1. TYPE OF PRACTICE:
   a. private/non-commercial
   b. private/commercial
   c. corporate/commercial
   d. HMO/traditional
   e. HMO/commercial

2. WOULD YOU DESCRIBE YOUR ROUTINE EXAM AS:
   a. professional (short)?
   b. professional (long)?
   c. commercial (short)?
   d. commercial (long)?

3. WOULD YOU DESCRIBE YOUR FRAME ROOM AS:
   a. professional?
   b. commercial?
   c. There is not a dispensing location associated with the establishment

4. PRACTICE LOCATION
   a. professional building
   b. shopping mall (store front)
   c. shopping mall (department store)
   d. hospital/clinic
   e. department store (not in mall)
   f. store front (downtown business district)
   g. lease space from optical chain

5. HOW LONG DO YOU SCHEDULE FOR AN AVERAGE INITIAL EXAM?
   a. 10 minutes
   b. 20 minutes
   c. 30 minutes
   d. 40 minutes
   e. over 40 minutes

6. HOW MANY OFFICES DO YOU WORK IN?
   a. one
   b. two
   c. three
   d. four
   e. five or more

7. DO YOU DO DILATED FUNDUS EXAMINATIONS?
   a. yes - all baseline examinations
   b. yes - all baseline examinations above a certain age
   c. yes - if I suspect a pathology
   d. no
8. PLEASE CHECK WHAT PROCEDURES YOU NORMALLY DO DURING A ROUTINE EXAM?

a. case history  
b. V.A. at far  
c. internal eye health exam  
d. external eye health exam  
e. glaucoma screening  
f. neurological tests as indicated  
g. corneal curvature measurement  
h. objective refractive status at far point  
i. ocular motility testing  
j. binocularity at far  
k. visual acuity at near point  
l. accommodation, convergence, and binocularity status at near point  
m. verification of previous lenses  
n. color vision screening  
o. blood pressure screening  
p. determination of additional tests  
q. diagnosis  
r. treatment plan  

9. IF PATIENTS COME IN TO GET GLASSES OR CONTACTS FROM AN ADVERTISEMENT, WHAT PERCENTAGE OF THE TIME DO THEY GET THE Rx AT THE PRICE ADVERTISED?

a. 100% to 85%  
b. 84% to 70%  
c. about 50%  
d. less than 50%  
e. This question does not pertain to my situation  

10. IF THE PLACE YOU PRACTICE ADVERTISES A CERTAIN HOUR SERVICE (eg: two hour service); WHAT PERCENTAGE OF CASES FALL WITHIN THIS TIME FRAME?

a. 100% to 90%  
b. 90% to 80%  
c. 80% to 70%  
d. 60% to 50%  
e. less than 50%  
f. This does not pertain to my situation.  

11. IN YOUR PARTICULAR PRACTICE SETTING ARE YOU FREE TO ESTABLISH YOUR OWN USUAL AND CUSTOMARY FEE FOR SERVICE?

a. all of the time  
b. some of the time  
c. none of the time
12. WHAT STATE ARE YOU PRACTICING IN? ____________________

13. WHAT CITY ARE YOU PRACTICING IN? ____________________

14. WHAT IS YOUR AGE? ______

15. HOW MANY YEARS HAVE YOU BEEN PRACTICING? ______________

16. WHAT IS THE SIZE OF THE COMMUNITY YOUR PRACTICE IS IN? ______________

PLEASE ADD ANY COMMENTS THAT YOU FEEL YOU WOULD LIKE TO SHARE WITH US. THANK YOU.