

WEB VT

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Abstract

The revolution in on-line healthcare and the evolution of the World Wide Web have made an evaluation of behavioral optometry's web presence a top priority. Although behavioral optometry has begun to view the web as a viable medium for providing patient education, enhancing communication and building practices, there is much work to be done before we reach "web nirvana." Behavioral optometrists must be willing to invest the resources required to develop and maintain high quality websites. Only by collaborating and sharing innovative ideas can the profession create an optimal web presence.

Keywords

Behavioral optometry, World Wide Web, on-line, marketing, communication

A website is no longer a luxury.

The dot com revolution has finally come to healthcare. Mergers, acquisitions, and strategic alliances have created healthcare websites with the capacity to bring together patients, providers, insurers and suppliers in both traditional and innovative ways. For example, patients are ordering prescription drugs and contact lenses directly from suppliers; doctors are accessing clinical practice guidelines to develop management plans for specific disease entities; and eligibility for particular services is being determined and authorized online.

In my eyes, two significant trends in the evolution of the World Wide Web are having an enduring impact on patient care delivery far greater than the delivery of financial and administrative services by these internet based healthcare companies. The first is consumer empowerment. In 1996, 7.8 million U.S. adults sought health and medical information online. In 2000, that number is estimated to reach 30 million.¹ More and more patients are marching into the doctor's office armed with information they have obtained via the Internet. The second trend is the growing number of women online in the U.S. For the first time, increases in Internet adoption are being driven by women. In 1999, 46% of net users were women. In 2001, women are expected to account for more than half of net users. Nearly 90% of women participating in an online survey identified themselves as the primary healthcare decision maker in their household.² Now, consider these scenarios.

- Johnny is referred to your office for an evaluation of a learning related vision problem. Vision therapy is clearly indicated and is included in your recommendations to Johnny's mother. That evening, Johnny's mother goes online and types "vision therapy" as the search term in her favorite search engine.
- Jenny has been receiving occupational therapy for several months. The therapist notices that Jenny has difficulty tracking a moving target. She tells Jenny's mother about this observation and recommends that Jenny be evaluated by a behavioral optometrist. That evening, Jenny's mother goes online and searches the Internet, beginning with "behavioral optometrist."
- Jason's mother notices that Jason's eye turns outward on occasion. She has him evaluated by a pediatric ophthalmologist who recommends surgery to treat the strabismus. The mother is wary of surgical intervention and wonders if there are other options. She shares her concerns with her mother. That evening, Jason's grandmother searches the Internet for information on "+strabismus +treatment" and forwards the information to her daughter.

The revolution in online healthcare and the evolution of the World Wide Web have made these scenarios a reality. More and more patients and parents are going online before and after they seek the services of behavioral optometrists. Faced with this reality, it is no longer necessary to decide whether behavioral optometry needs a web presence. Rather, the time has come to evaluate the current status of the existing presence on the web. Then, by confronting the limitations of "web VT" in its current configuration, it becomes possible to discuss what is needed to create a more effective web presence for behavioral optometry.

"Vision Therapy" "Behavioral Optometrist" and +Strabismus +Treatment

What websites are Johnny's, Jenny's and Jason's mothers visiting? I entered those search terms into several Internet search engines and printed the lists of the top 10 matches. I then created a table listing the first five viable links from each search engine which accessed usable information relative to these three scenarios. I judged only a few websites as unusable, primarily because the information was buried so deep within the website that recovering it required significant skill and patience. The table contains 90 matches, but because many websites appeared on multiple lists, it contains only 49 unique websites. Keep in mind that the more often a particular website appears on the table, the more likely it is to be viewed by a potential patient. Therefore, in order to determine what type of information about behavioral optometry is being discovered by net searchers, I analyzed the 90 matches instead of the 49 distinct websites. Most of the websites fell into one of four categories based on the source or owner of the website: private practitioners, organizations, directory services, and physicians/medical publications. The largest percentage of web page matches (37%) were those created by behavioral optometrists in private practice. Optometric organizations—Optometric Extension Program (OEP), College of Optometrists in Vision Development (COVD), Parents Active for Vision Education (PAVE) and American Optometric association (AOA)—provided another 20% of the matches. Directory services for optometrists and specifically for behavioral optometrists contributed 26% of the matches. Physicians and medical publications accounted for the remaining 17%. However, as might be expected, the medical model had a stronger presence in the results of the strabismus search, with 43% of the search engine matches.

I was surprised by the limited access the search engines provided to behavioral optometry's organizational websites. For example, COVD's and PAVE's websites each provided only three of the 90 matches. The OEP fared better, with six of the 90 matches. I was mystified by the total absence of websites devoted to the business of vision therapy. Where are the

equipment suppliers and manufacturers? I expected to find a mechanism to order lens flippers and computer-based vision therapy programs online. The growth in e-commerce is being fueled by business-to-business transactions,³ but apparently this trend has not yet reached the behavioral optometry market.

Behavioral optometry needs more websites

Despite these limitations, I feel confident in concluding that behavioral optometry has begun to view the Internet as a viable medium for providing patient education, enhancing communication, and building practices. Still, there is much work to be done before we reach "web nirvana." The first step requires an understanding that in the world of cyberspace, there is strength in numbers. Each well designed website generated by a behavioral optometrist has the potential to rise to the top of these search engine queries and displace another espousing the medical model of vision care.

The Pros and Cons of a Website

Having established that behavioral optometry does indeed have a web presence, I next considered the advantages and disadvantages of web-based marketing. Many practitioners who have made the plunge and have developed websites did so with little more than a sense that it was the right thing to do at the time. These early adapters may not be maximizing the marketing potential of their websites, just as non-adapters have a limited understanding of the return they might expect on an investment in web development. The explosive growth of the dot com universe has tempted many businesses to channel resources into web development to the exclusion of other media. A far more effective strategy is to first consider the advantages and disadvantages of web-based marketing in order to balance your needs against your available resources.

The Pros

The most significant advantage of the web is timeliness. Web pages may be updated or modified almost instantaneously, at low cost. If you add new services or products, such as a visual screening for pre-schoolers or a new line of indestructi-

ble children's eyewear, they can be highlighted on your website, as they debut. With an inkjet printer, color copies can be distributed to appropriate patients as needed at a minimal cost. Announcements can be e-mailed to targeted groups, such as referral sources with access to the pre-school population or parents of children who require more than two pairs of eyeglasses per year.

The interactive nature of a website can also facilitate two-way communications. Opportunities to interact with patients or potential patients can be created through e-mail, electronic newsletters, and message boards. Many doctors are taking advantage of the "asynchronous" nature of e-mail to communicate with patients instead of interrupting patient care to take a "synchronous" telephone call. More sophisticated web-based applications can facilitate scheduling appointments, purchasing contact lenses, monitoring compliance of home-based therapy programs, and processing third party transactions. Moss⁴ advocates the development of on-line marketing research and interactive patient surveys to obtain feedback about patient demographics and their needs. Marketing strategies aimed at specific patient needs will generate a greater return on your investment.

Taking full advantage of the web's potential requires a significant investment of resources.

Patients and parents have always had a strong need to share their experiences and seek support and endorsements from others who share the same purpose. Nowhere is the interactive power of the web creating more leverage toward this goal than in the evolution of on-line communities.⁵ While the content brings net users to the website, a collection of community tools enables members of the community to share experiences, exchange relevant information, and assist each other in solving problems. These tools, such as discussion boards, live chats and group e-mail, are "sticky applications." They increase the amount of time the user spends at a particular website and encourage return visits. On-line communities devoted to behav-

ioral optometric care can effectively match supply with demand (doctors providing behavioral optometric care with patients seeking these services), help practitioners understand what their patients want and how they want it delivered, and reduce exposure of potential patients to the medical model of vision care.

The web maximizes the impact of images and color. Images can generate great emotional power. A success story becomes more potent when the web page includes a photograph of the child. Color is integral to the web and adds value to the content. Printed materials also have much to gain by the inclusion of images and color, but often the printing costs limit their utilization. In web publishing, the cost is measured, not in dollars, but in the associated increase in download time. While this cost cannot be ignored, it can be manipulated to maximize the return on investment.

Finally, information density, or the amount of information you can deliver per package, is maximized on the web. Typically, the ISP (internet service provider) which hosts the website sets aside enough space to hold up to 50 web pages. The fee does not vary as web pages are added, until you exceed the space limit. You then have the option of starting small and building your website over a period of time without incurring additional production costs.

The Cons

The web is not without its faults, however. The most significant disadvantage of web-based communication is limited access. Your message can only be seen by people with computers. When the computer is turned off, the web page is gone. The message contained on a web page cannot be transferred to another interested party unless someone clicks "print" or takes the time to forward the *URL (Uniform Resource Locator*— or "web page address"). Getting the message to those people who do have computers is also dependent upon the integrity of the Internet and the viability of the technology. Heavy usage can cause those dreaded busy signals and a technological malfunction can render your website inaccessible for a finite period of time. Under the best of circumstances, reading from a computer monitor is not as comfortable as reading

printed materials. Other factors such as the quality of the monitor and the visual status of the user can contribute to further limitations in the time frame available to deliver your message.

Given a motivated user, with top-of-the-line equipment and a fail-safe connection, you still cannot guarantee that the user will find your website. The web has no inherent organization or structure nor is there a road map. There are only three ways for a net user to access your website:

1. They know the URL and they type it in or use a bookmark.
2. They link to your website from another website.
3. They link to your website from the results of a search engine query.

Although search engines are certainly an important mechanism for accessing relevant websites, there is evidence to suggest that they get more credit than they deserve. Web logs often reveal that links from other sites and bookmarks offer greater access to a website than search engines.⁶ Therefore, web-based marketing must also focus on the development of relationships with organizations and other professionals in order to build a cross-linked network which can enhance web access.

A website is much more of a dynamic evolving entity than traditional media and marketing strategies. As such, it requires a commitment to an ongoing investment in its growth and development. Be forewarned. "Without this perspective, your electronic publication will suffer the same fate as many communications initiatives—an enthusiastic start without lasting accomplishment."⁷ Behavioral optometrists can expect to face the same challenges in website development and maintenance as other health care entities: keeping up with the technology, keeping the content current, and finding the time to work on it.⁴ What at first seems a disadvantage can be turned into "lasting accomplishment" by allowing you to refine your website to better meet the evolving needs of your practice and your patients. A website can be built over time as your practice and available resources grow. Content areas can be deleted, added, and modified to reflect the deletion, addition, and modification of products, services, personnel and your philosophy of vision care.

Fundamentals of Web Design

After deciding to take full advantage of the marketing potential of the web, the next step is delineating some guidelines for constructing high quality websites or identifying high caliber websites which can serve as models for web development.

The net users who are seeking information about behavioral optometry are very goal driven. "They have something specific they want to do and they don't tolerate anything standing in their way."⁸ The key word in effective web design is usability, which forces you to focus on your audience. Who will be using your website and how do you hope they will use it? The design process begins by analyzing your audience and establishing your goals. Only then can you move on to formulating the content and appearance of your message.

Behavioral optometry must embrace and apply the principles of web usability and design.

The appearance and content of your message must consider, and in fact exploit, several unique characteristics of the web. The most important is the concept of *interactive hypertext links*. The act of clicking on a button or a word can transfer the reader to another web page, which might be within either your website or another website on the other side of the world. Most websites take advantage of hypertext links by creating a series of chunks of information or short documents which are then linked together in some sort of hierarchy or structure. Typically, a *home page* acts as the point of entry into this hierarchy by presenting a *menu or table of contents* to the web pages or "chapters" contained within the website. The user is then able to use these hypertext links to navigate to the web page where they expect to find the information they are seeking. Every page should contain the same navigation aids that allow the user to jump to other web pages within your website or return to the home page. A distinct web page within your website should contain links to other websites which support or supplement your message. For example, private practitioners

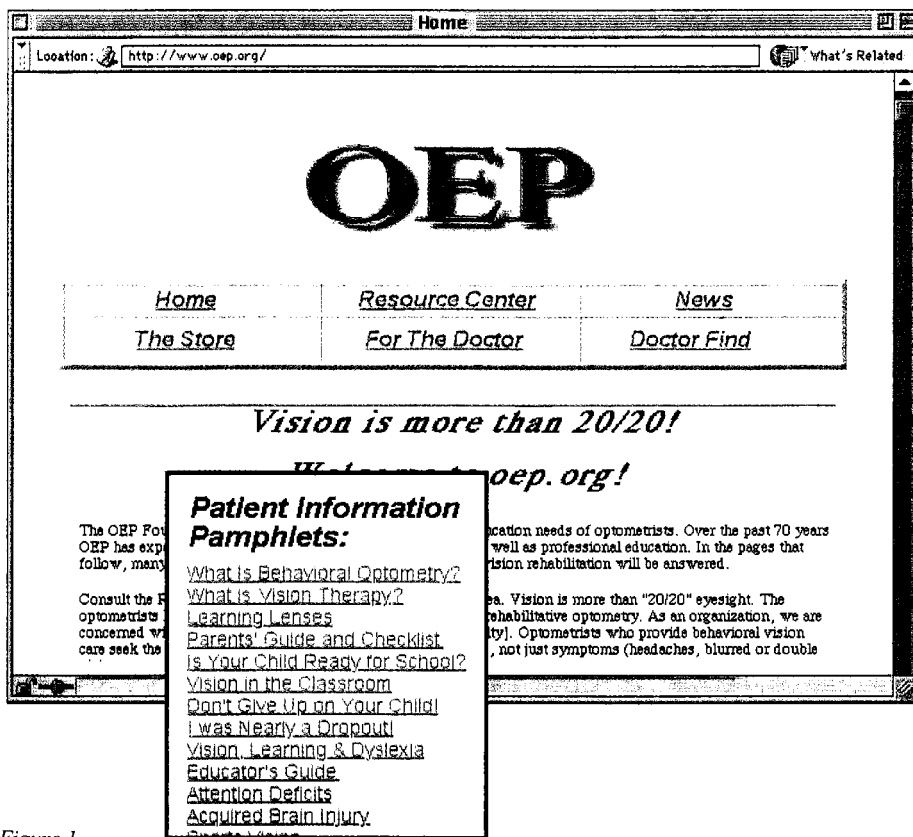


Figure 1.

should link to the websites of organizations such as OEP, COVD, and PAVE (see Appendix A) as well as those of any professionals within their communities who provide services to the same populations. Copies of this web page should be given to all new patients and widely distributed at all speaking engagements and presentations. Again, providing potential patients with a web road map can reduce their exposure to the medical model of vision care.

The web is a highly visual medium. A picture is worth a thousand words, especially on the web. Photographs, illustrations, and charts should be incorporated into an effective website to replace and supplement text. However, the incorporation of visual elements must be balanced against downloading speed, especially when considering home users who are more likely to connect to the Internet via a modem. Therefore, "restraint is the key to effectively using visuals."⁹ Net users have limited tolerance for downloading graphics that do not enhance usability either by contributing to the message or improving navigation. Appropriate graphics would include photographs of patients to complement their success sto-

ries, a map with directions to your office, and your practice logo.

"In cyberspace, you are what you write."¹⁰ Although content development is viewed by many as the most difficult and time consuming aspect of website development,⁵ it rarely gets the attention it deserves. An entire body of research has emerged which evaluates how net users read online. As this research is translated into practical guidelines for content development, it is becoming clear that writing for the web is very different from writing for other text-based media. For example, net users have short attention spans. They seek to locate specific information efficiently. If the content of a website does not permit achievement of this goal, then the net user has no incentive to keep reading. Millions of other websites are just a few clicks away.⁸ Net users are more likely to "scan" a new web page¹¹ than to read every word, and they have limited tolerance for scrolling through long documents.

Nielsen advocates the use of the "inverted pyramid" style of writing characteristic of journalism¹² which starts by presenting the conclusion, follows with important supporting information and fi-

nally fills in the background details. Content is thereby structured to present "the big picture" in the first screen without the need to scroll. *Hypertext* permits splitting content into smaller topical chunks and linking them together in a cohesive structure. If it is necessary to present lengthy web pages with detailed information, they should be confined to the deeper layers of your website. This will assure that readers are searching for this depth of content when they navigate to this page and will either accept the need to scroll or print out the text.¹³

The inverted pyramid style will also serve to optimize your web page location in search engine results. Search engines use algorithms to determine web rankings in response to user queries. Each search engine has unique algorithms, but all of them consider certain keywords within the content of each web page. Determinations about keywords are based upon their density and location on the web page.¹⁴ Sherman advises "keeping the content as high on the page as possible."¹⁵ Relevant text written in the appropriate style not only optimizes search engine rankings, but it assures a satisfied customer when your web page is accessed.

Three Case Studies

www.oep.org— A Work in Progress (Figure 1)

Sensing the need, the Optometric Extension Program began considering the options for developing a website for the organization. Thanks to the gargantuan volunteer efforts of Dr. Ed Huggett, their website went online about one year ago. OEP's website is now beginning to grow to fill the role envisioned by the organization's Board of Directors.

The website was developed with three specific goals. The first is to enhance credibility of the profession by providing patient education and increasing visibility of the organization. Many of the materials accessed through the Resource Center are aimed at this goal. The second goal is to link potential patients with doctors in their communities, which is accomplished through a database. Patients may search for member doctors by name, city, state, zip code or area code. The third goal is to provide the membership with web-based access to the entire inventory of OEP's

product catalog. Although the website lists descriptions and prices for many of OEP's products, at present there is no mechanism for ordering online. The organization has very wisely adapted a tiered development process. Staff are being given the opportunity to learn new skills and assimilate new responsibilities without being overwhelmed by potentially steep learning curves. The e-commerce side of the website is slated for development once the staff feels comfortable with more basic aspects of website construction and maintenance. The ease and flexibility of electronic publishing has great potential to decrease the time required for the more traditional publishing activities of the organization. The time saved could then be funneled into more complex activities.

In its present stage of evolution, OEP's website is not providing any user statistics which would be helpful in judging progress toward these goals. In particular, they would like to have the ability to track the referrals that are being generated through the database. However, the staff has noticed a steady increase in the amount of e-mail they presently receive to over 100 per week. "Responding to e-mail is one of the best ways to listen and learn"¹⁶ and they are committed to responding to each and every e-mail request for information.

The true potential of OEP's website lies with the enhanced credibility it offers to private practitioners. The organization urges all practitioners to link to its resources, such as a copy of the joint statement on vision and learning, journal abstracts, and patient education materials.

www.optometrists.org and www.vision3d.com—Community, Connectivity and Content (Figure 2)

Rachel Cooper is building a virtual community revolving around a common interest in vision therapy. Optometrists, patients, parents, students, and other professionals are being drawn to this network of websites by the diversity, quality, and quantity of its content and links. When subjects specific to vision therapy are plugged into search engines, Vision3d consistently surfaces at or near the top of these queries. Additional visitors are being drawn to this web community by the "edutainment" value associated with subjects such as optical illusions, Magic Eye pictures, and stereograms. The multitude

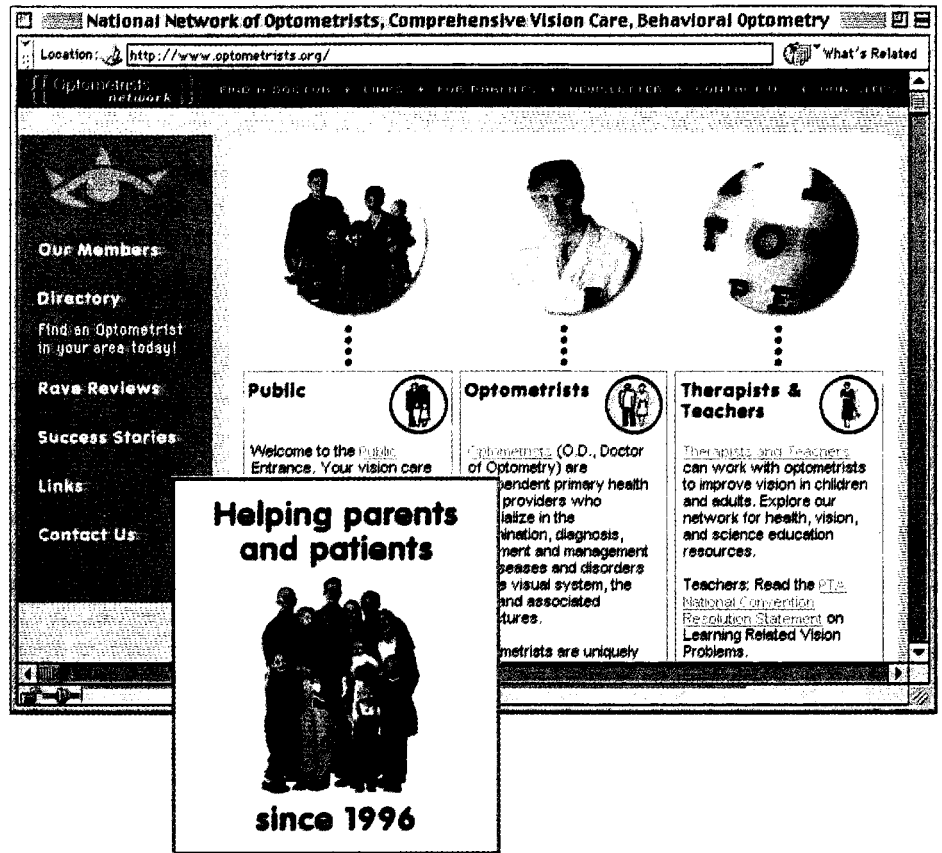


Figure 2.

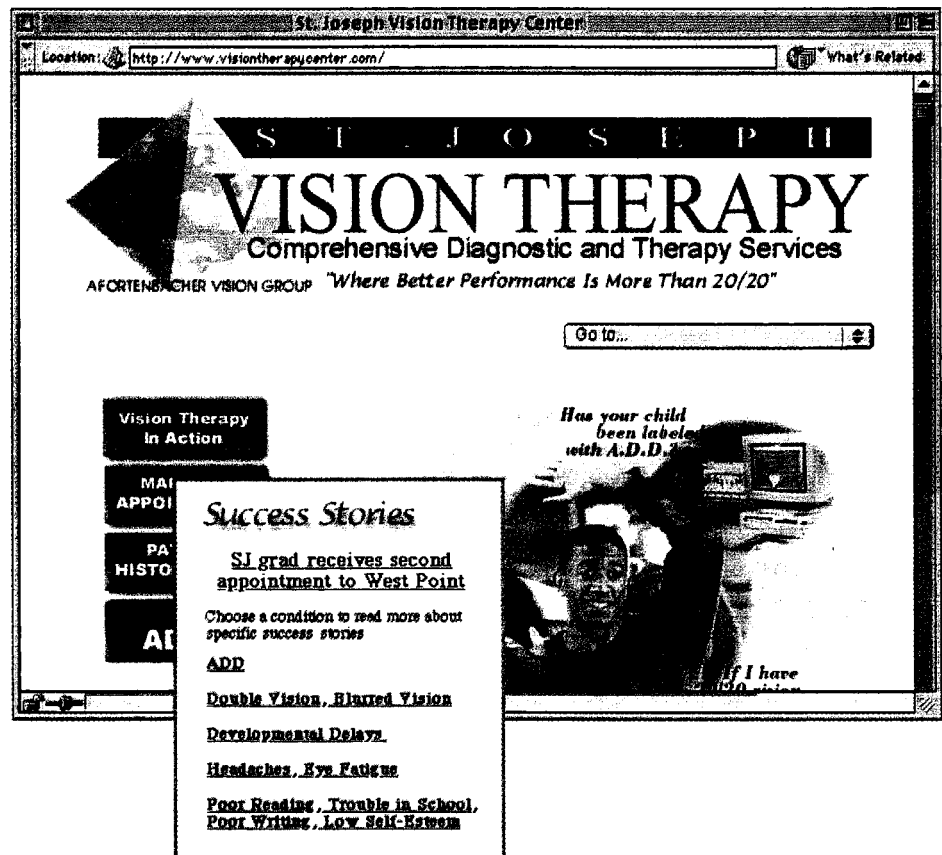


Figure 3.

of websites and web pages as well as the connectivity inherent in its network of links has created many entry points into this community. Once drawn in, the net user can access a wealth of information on relevant issues such as vision therapy *FAQ* (*frequently asked questions*), ADHD, vision and learning, lazy eye, and crossed eyes. None of these web pages contain any advertising. At the center of this virtual community is a mechanism to refer these patients directly into the offices of local private practitioners who have joined optometrists.org. The network of websites is currently generating over 250 referrals per week to the 175 member doctors. The quality of the content is educating these visitors about the value of behavioral optometric care before they enter the doctor's office.

Behavioral optometrists pay an annual fee to join this virtual community and gain access to these patients who are actively seeking the services of behavioral optometrists. Mere inclusion in a database of providers would justify the expense, but optometrists.org offers far greater value to member doctors. The annual fee includes the creation and hosting of a professionally developed website for your practice. Ms. Cooper has created a mechanism for every interested practitioner, even those with limited time and knowledge of the web development process, to create an extensive and high quality website. The fee is significantly less than that of hiring a private web design company because costs are being shared by the membership. Enrolling one patient per year in a vision therapy program would more than cover the cost of membership.

Optometrists.org is a win-win-win situation. Patients are gaining access to quality information about behavioral optometric care and vision therapy. Private practitioners are gaining access to these patients and establishing websites which they can then use to market their practices in their communities. And behavioral optometry is gaining a web presence and the enhanced credibility offered by the endorsement of a third party.

www.visiontherapycenter.com— An Integrated Marketing Strategy (Figure 3)

Dr. Dan Fortenbacher began to incorporate web-based marketing into his practice management strategies about two

years ago. It has since evolved into the foundation of his marketing program for the St. Joseph Vision Therapy Center. Dr. Fortenbacher's practice provides only vision therapy services and is therefore dependent upon a referral system. His website has proven to be the most effective mechanism for generating strong numbers of self-referred patients and has made his practice less dependent upon referrals from other professionals. The website is generating a minimum of two office-based vision therapy cases per month.

The effectiveness of the website stems from its seamless integration into the daily activities and management of the practice. When patients are scheduled for evaluations, they are referred to the website to download and complete a case history form. When patients call to ask for directions to the office, they are again directed to the website. After the diagnostic evaluation, they are referred to the library of vision conditions. When they complete their vision therapy program, a success story is generated and posted on the website with a photograph. Each encounter with the website is creating a better-educated patient or parent with an orientation toward a successful outcome. Only rarely will a patient comment that they do not have web access.

The website was developed and is maintained by a local web design company. The content was gleaned from existing office brochures as well as other sources such as AOA fact sheets, COVD white papers, materials from other practitioners,¹⁷ and contributions from office staff. Maximizing search engine results was a major goal in the design process. Access to the website is also facilitated by links to and from other organizations. Dr. Fortenbacher speaks to the designer and updates content at least once per month, and office staff generate success stories which are posted to the website every two weeks. Other advertising is devoted to maximizing awareness of the website within the local community and all printed materials include the web address.

Never content with the status quo, Dr. Fortenbacher continually strives to improve on what he describes as his "most effective marketing tool." Plans include a message board to give parents a forum to talk to each other, an electronic newsletter aimed at patients that have completed therapy programs, and live video broad-

casts "to make it real." We would all do well to heed Dr. Fortenbacher's philosophy, in which communication is the key to a thriving behavioral optometric practice.

Conclusions

If behavioral optometry expects to maximize on the advantages of web-based technology, then there must be a forum to share innovative ideas and experiences.

Jakob Nielsen, who is described as a web usability guru, has summarized effective web design with the acronym HOME RUN.⁸ To develop a good website, you must provide users with the four things they want the most:

- H**igh quality content
- O**ften updated
- M**inimal download time
- E**ase of use

To upgrade from a good design to an excellent design, you must add these three extras:

- R**elevant to users needs
- U**nique to online medium
- N**et centric corporate culture

This last item—a net-centric corporate culture—is not nearly as intuitive as the first six items. Yet, this describes the key, not only to a "home run" website for an individual practitioner, but to an effective web presence for the profession of behavioral optometry. The development of a net-centric professional culture requires the involvement of the entire profession. No single doctor or team of doctors or organization can create an effective web presence for the profession if the vast majority of practitioners are not ready to invest the necessary time and money. Many large corporations and institutions are adapting a collaborative approach to web development, in which each department is given responsibility for generating appropriate content and keeping it current. Similarly, every behavioral optometrist must contribute to a collaborative effort by creating a website and investing in its continual development. Just as patients have gravitated to on-line communities to learn from each other and share their experiences, so must behavioral optometrists create a forum to focus on the enhancement of the profession's presence on the World Wide Web. By supporting each

Appendix A A Selection of Vision Therapy Websites

Optometric Extension Program
Referrals to Developmental Optometrists
www.oep.org
www.healthy.net/oep

College of Optometrists in Vision Development
www.covd.org

College of Optometrists in Vision Development
Functional Vision Care
www.covd.org/care.html

College of Optometrists in Vision Development
Library of Vision Conditions
www.covd.org/cond.html

Parents Active for Vision Education
www.pave-eye.com/vision/index.html

American Optometric Association
Position Statement on Optometric Vision Therapy
www.aoanet.org/ia-op-vis-ther.html

American Optometric Association
The Use Of Tinted Lenses For The Treatment Of Dyslexia And Other Related
Reading And Learning Disorders
www.aoanet.org/ia-tinted.html

Children With Special Needs
What is Vision Therapy?
www.children-special-needs.org/vision_therapy/what_is_vision_therapy.html

Children's Vision Information Network
www.childrensvision.com/

National PTA
Resolution/Learning Related Vision Problems
www.pave-eye.com/vision/pta.html

Vision3D
3d Vision Vocabulary
www.vision3d.com/vocvis.html

Optometrists.org
Referrals to Developmental Optometrists
www.optometrists.org/eye_doctors.html

St. Joseph Vision Therapy Center Research Center
www.visiontherapycenter.com/faction.html

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other, sharing innovative ideas, and solving problems we can "deliver an optimal customer experience in the online world."⁸

Groffman¹⁸ speaks of branding as the "key to luring the new health care consumer who is well informed, technologically savvy, and demands choice.... Behavioral optometry owns vision therapy." It is our brand of patient care and

that concept must be conveyed to every patient and parent that logs onto the World Wide Web before and after they seek the services of a behavioral optometrist. A website is no longer a luxury. It has evolved into a mainstream business tool with implications for both the private practitioner and the profession of behavioral optometry.

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