

COVER FEATURE

Celebrating





Years *of* ASOA

Honoring past
leadership, recognizing
accomplishments, and
looking to the future.

BY ADMINISTRATIVE EYECARE STAFF



A Legacy of Leadership

An interview with the Executive Directors who defined ASOA's first four decades

When Lucy Santiago launched ASOA in 1986, she set out to answer a simple but urgent need: practice administrators had questions and nowhere to turn. Lucy served as ASOA's first executive director, guiding the organization from its infancy to a national benchmark for ophthalmic practice management and administrators. Afterward, she passed the baton to Laureen Rowland, who strengthened the ASOA's strategic partnerships and expanded its educational footprint. Today, Abigail Markward carries the mantle, leading ASOA into its fifth decade.

In celebration of ASOA's 40th anniversary, we brought together these three leaders to reflect on their journeys

and the roles they played in shaping the organization's trajectory.

Q: Why did you choose to pursue a role with ASOA?

Lucy Santiago: I worked in accounting, and through that I became involved with a practice management software company that primarily served ophthalmology practices. As I started implementing systems in different practices, I was exposed to the hardships administrators faced and the questions they didn't always know where to take.

I have a bad habit — I don't like to tell people, "I don't know." I usually go find the answer and do the best I can to



ASOA started as an idea in my head. I never imagined it would reach this point.

— LUCY SANTIAGO

help. So the more questions administrators asked, the more I learned about what practices really needed.

Through my travels, I also became familiar with ASCRS, and I approached the Executive Director David Karcher with the idea of creating an organization focused specifically on administrators. Coincidentally, ASCRS had just completed a member survey showing a strong demand for more practice management education. So, David and the ASCRS board said, “Go ahead. We’ll fund it.” And ASOA was officially born on June 6, 1986.

Within the first few months, we had 300 members. At the same time, major Medicare reimbursement legislation was being passed, and the rules were incredibly complex. We started doing seminars and taking what I call “dog-and-pony shows” across the country to teach people how to navigate them. The response was incredible.

I remember one early seminar in Chicago, we set the room for a certain number of people, and when I walked in, there were far more chairs filled than expected. We had to call hotel housekeeping to bring in more chairs. We nearly doubled attendance. It was very well received from day one, and it just kept growing.

As ASOA grew, I realized most administrators at the time were really office managers who had learned on the job. They didn’t have formal education in practice management, so I wanted to see them certified in some way. We established a program with Wharton’s School of Business in Philadelphia. For 10 years, we conducted a week-long course built around tracks relevant to ophthalmology practices: reimbursement, HR, personnel, marketing.

Eventually, we decided we needed a publication, and *AE* was born. We structured it around core subject areas but also included features that would appeal to physicians. It worked — physicians started calling us directly with questions, and practices began to see the real value of trained

administrators. By the time I left ASOA, membership was around 3,000, and it became the benchmark for practice management in ophthalmology.

Lauren Rowland: I had served as executive director for multiple organizations and was looking for a new challenge. When I read the job description for the position at ASOA, it was like the position was specifically made for me as I checked all the boxes. Fun fact: I received my Certified Association Executive designation from the American Society of Association Executives on the same day I was offered the executive director position at ASOA!

Abigail Markward: I have been a part of the ophthalmic industry in various roles for 25+ years, primarily working with the MD audience. In 2014, my role expanded to manage a publication that focused on the practice management/staff audience, and I quickly realized the critical role these individuals played in the adoption, integration, and implementation of products and technologies into the practice. When the ASOA executive director role arose in 2024, I jumped at the opportunity to work with leaders in the practice management arena.



Highest Grossing Movie of 1986:
Top Gun



ASOA Timeline

The defining milestones, programs, and moments that shaped ASOA, from its beginnings to today.

1986

The Beginning

ASOA was born from a single workshop: “The 24-Hour Administrator.” What started as a breakout session became a movement. Founder Lucy Santiago is pictured during a celebration of the ASOA’s 10th anniversary (to hear more from Lucy about the beginnings of ASOA, see page 16)

1987

First Joint Meeting

ASOA and ASCRS held their first joint meeting in Orlando, Fla., marking the start of a powerful partnership that continues to thrive.




**Hottest Song
of 1986:**

"That's What
Friends Are
For" – Dionne
Warwick &
Friends

Photo credit:
Shutterstock/Kathy
Hutchins

**Best Selling
Album
of 1986:**

Whitney
– Whitney
Houston

Q: How would you describe ASOA and the value proposition to members during your tenure?

LS: It was learning how to code properly for reimbursement. The formulas coming out of HHS were so complex.

Congress didn't want to pay as much as they had been, and reimbursement kept dwindling. We worked closely on legislation and used the magazine and tried to keep members informed and involved in advocacy efforts. At the time, there was no real email communication. The magazine was constant, reliable, and essential. It was well received and became a key educational tool.

LR: ASOA's founder, Lucy Santiago, set the stage for ASOA's continued growth, so it was a thriving organization when I arrived. One of my goals was to focus on anticipating the future needs of members and to re-engage with dormant partners. To accomplish this, it was important to look at the membership offerings when evaluating future programs. ASOA had a very strong value proposition when I arrived. Given the success of the organization, it is obvious that value proposition has only strengthened.

AM: Whether you're a long-time member or considering joining us for the first time, ASOA's value lies in the relationships you build, the knowledge you gain, and the support you feel — especially when the landscape around you is shifting.

Membership in ASOA connects you to a powerful network of administrators who understand your day-to-day realities and are eager to engage, collaborate, and lift one another up. Through our in-person meetings, peer-to-peer exchanges, and year-round education and resources, we provide a place where you can strengthen your skills with confidence.



One of the first things I noticed was how willing members were to share their everyday successes and challenges to help their peers, and that never changed.

—LAUREEN ROWLAND

Q: By the end of your tenure, how had ASOA's role and value evolved?

LS: There was a real comfort level by then. Administrators had a trusted source. I used to joke that ASOA was born in the ladies' room line at Academy meetings — administrators sharing what was happening in their practices while waiting in line. That sense of community never went away.

We started with reimbursement, but it quickly expanded into staffing and marketing. Ophthalmology was one of the first medical specialties allowed to advertise, and practices moved fast. When I first worked with Wharton on marketing education, they were shocked at how advanced ophthalmology already was. They had to go back and redesign the course because our members were far beyond the basics.



1990

Leadership Takes Shape

ASOA formed its first Board of Directors. E.Q. "Skip" Fahel became the first president, laying the foundation for decades of leadership.



1992

Publishing Power

Administrative Ophthalmology launched, offering practice management insights. It was rebranded *Administrative Eyecare* in 1996 and remains a trusted resource today.



1994

COE Credential is Born

The Wharton executive program inspired the creation of the Certified Ophthalmic Executive (COE) credential. By 1999, more than 100 professionals had earned this elite designation, and that number has grown to more than 300 individuals today.



ASOA's value lies in the relationships you build, the knowledge you gain, and the support you feel.

— ABIGAIL MARKWARD

A lot of that knowledge-sharing came through *AE*. Our articles were written by people actively working in the field. Industry partners were eager to contribute because they were already marketing to our members, and it created a strong feedback loop.

Q: How has ASOA's role and value to practice administrators evolved since your tenure?

LR: ASOA has continued to be the benchmark for, and leader in, ophthalmic practice management. ASOA's education is second to none and is available in a multitude of mediums to suit all members. ASOA is the only ophthalmic practice management organization to offer a professional certification — the Certified Ophthalmic Executive certification. ASOA offers so many ways to get the education, help, and tools needed to run a successful ophthalmic practice.

Q: How has ASOA's role and value to practice administrators evolved during your tenure?

AM: Since beginning with ASOA two years ago, I have seen a rapid advance in our value proposition to members through our industry collaborations and partnerships. Our Strategic Business Partners program continues to expand and strengthen the relationships between practice leaders and our corporate partners.

Q: What lessons or experiences stand out from your time at ASOA?

LS: Staying aware of what members needed. Our Annual Meeting opened with large roundtable sessions with each focused on a specific topic with a subject-matter expert leading discussion. One year, the room was so noisy that David came in and said we had to shut it down. The next

year, we tried dividing into smaller rooms, but members hated it. They wanted the big room so they could move freely between tables and conversations. That told us everything we needed to know.

We also created our own early chat line with an 800 number. Those phones were busy all the time with members asking questions. People came to meetings with their copies of *AE* marked up with questions they wanted to ask. It was a constant learning environment.

LR: One of the first things I noticed was how willing members were to share their everyday successes and challenges to help their peers, and that never changed — it only became more prevalent. The other experience for me was the relationships formed with members, boards of directors, industry partners, volunteers, and ASCRS and ASOA staff. I am truly grateful for all of them, and they are what make ASOA tick.

AM: The enormous amount of dedication and loyalty our members and staff have for the ASOA organization has been the most incredible experience to share during my time at ASOA.

Ophthalmic Diagnostics in 1986

Automated visual field testing (Humphrey Field Analyzer) was becoming widely adopted for visual field testing, and ultrasound A-scan biometry was central to axial length measurement and IOL power planning for cataract surgery.



2000

You've Got Mail

ASOA launched EyeMail, a member listserv that quickly became one of the most valued benefits, connecting administrators across the country.



2007

Focusing on the Business

ASOA adopted the tagline "Focusing on the Business of Ophthalmology." It's more than a slogan — it's our mission.



2010

Recognizing Excellence

The Pinnacle Award, now known as the Volunteer of the Year Award, began recognizing individual members who devote their time and talents to furthering ASOA's vision of professionalism and skills development.

2014

Digital Learning Begins

ASOA launched the Learning Center with BSM Consulting (now VMG Health), offering COE prep, continuing education, and leadership development online.

Most Watched TV Show of 1986:

The Cosby Show

Cataract Surgery Technology in 1986:

Continuous curvilinear capsulorhexis was an emerging capsulotomy technique, and extracapsular cataract extraction and phacoemulsification techniques were being refined.

Q: What milestone, initiative, or defining moment during your leadership most shaped the future direction and identity of ASOA?

LS: The Annual Meeting. Many of the topics we discussed decades ago still shape the meeting today. I don't think ASOA ever needed to reinvent the wheel — the formula was targeted and effective.

I remember the very first ASOA program. We were given four hours and one ballroom at the Century Plaza with less than six months of prep. The room was filled. We told people to go to lunch and come back if they wanted to keep talking — no formal agenda. They stayed until 5 p.m. until my throat was too sore to continue talking.

They were hungry for knowledge they couldn't get anywhere else. You couldn't just go online and find it then. That demand really defined ASOA.

And I look at programs now and still see elements from what we did early on, just updated for current trends. Many of the same speakers are even still involved.

LR: Several initiatives come to mind. First, the Strategic Business Partners program that I designed and implemented. In addition to adding revenue for ASOA, it opened an avenue for our industry partners to connect with ASOA members and vice versa. Second is the LEAD (Learn, Engage, Advance, Develop) Certificate program, which provides targeted education for current and aspiring practice administrators. Education for this audience was identified as a top strategic initiative by the ASOA Board of Directors, and to see it come to life was exciting and fulfilling. Lastly, updating ASOA's mission statement to emphasize the importance of the business of ophthalmology and the leaders who are ASOA members.

AM: The continued growth of our Strategic Business Partners program and the evolution of the MD/

Administrator programs, Business of Refractive Cataract Surgery Summit (BRiCS) and Business of Interventional Glaucoma.

Q: What does ASOA's 40th anniversary mean to you?

LS: Imagine having a child and seeing them at 40 years old—still successful, still growing, still helping others. That's what it feels like.

ASOA started as an idea in my head. I never imagined it would reach this point. Even when I retired, I wondered what would happen next. There were bumps, but it endured. I don't like to pat myself on the shoulder, but it's a legacy.

LR: It's very exciting! I was the executive director when ASOA celebrated its 30th anniversary, and being able to comb through ASOA's beginnings, its history, and the people who made it all happen was such a gift. It is so gratifying to see individuals who were just starting out in practice management during my tenure continue to advance and become leaders in both their practices and ASOA. Ten years later, to see ASOA continue to flourish and serve practice administrators and practice management professionals in so many ways is very rewarding.

AM: I am grateful to play a role during this 40th anniversary year. It motivates me to not only help maintain and support the incredible work that has been put in place over the past 40 years but to also strengthen and grow the organization for the future. **ae**



2017

Podcast Power

ASOA introduced EyeTalks Radio (eyetalksradio.org), a podcast delivering expert insights on HR, leadership, compliance, and more — straight to your ears. The ABC Committee has also launched The Ophthalmology Leaders Podcast, helping emerging administrators navigate their career.



2021

Strategic Partnerships

ASOA launched the Strategic Business Partner (SBP) program, connecting industry leaders with ophthalmic administrators to drive innovation and visibility.

2022–25

New Frontiers in Education

From the LEAD Certificate Program (2022) to the Compensation & Benefits Survey (2024) and Retina Sunday (2025), ASOA continues to evolve — empowering practices with data, education, and specialty programming.



A Front-Row View of Ophthalmology's Evolution

Richard Lindstrom, MD, and *AE* Editor-In-Chief
Patti Barkey, COE, share their thoughts and insights
on the past, present, and future of the role of the
ophthalmic administrator.



Few individuals have had a front-row seat to modern ophthalmology the way Richard Lindstrom, MD, has — and even fewer have helped shape what we see from that seat.

For more than five decades, Dr. Lindstrom has not only witnessed the transformation of ophthalmology but also influenced it. From the early days of largely physician-managed solo practices to the emergence of ambulatory surgery centers (ASCs), integrated delivery models, sub-specialization, private equity partnerships, and the accelerating pace of technology, he has navigated and often anticipated each inflection point.

He was instrumental in the creation of the ASOA while serving in leadership at the American Society of Cataract and Refractive Surgery (ASCRS), recognizing long before many others that the complexity of ophthalmology would demand professionalized administration. That foresight fundamentally changed the trajectory of ophthalmic practice management.

To many surgeons, he is a clinical innovator. To industry, he is a trusted thought leader.

Dr. Lindstrom has practiced through regulatory expansion, reimbursement compression, consolidation waves, and the rise of private equity. He has worked in hospital settings, ASCs, and evolving office-based models. He has championed technology adoption while insisting that culture, relationships, and the patient journey remain central.

When reflecting on the evolution of the ophthalmic administrator, from a secondary role to a strategic executive partner, there may be no more credible voice. Dr. Lindstrom has worked alongside some of the most accomplished administrators in the country and has openly credited their influence on the success of his own practice. Past ASOA President Candy Simerson, COE, FASOA, was a long-standing influence in the growth of his practice.

This conversation is not simply a retrospective. It is a strategic lens on where ophthalmology has been, where it stands, and where it is heading, including workforce shifts, integrated optometric collaboration, office-based growth, premium services, and the expanding role of administrators in complex healthcare ecosystems.

Few can speak across five decades with clarity, humility, and vision like Dr. Lindstrom.

Patti Barkey, COE, AE Editor-in-Chief: When you think back over 40 years and you look at the administrator, what's had the biggest impact on how instrumental they've become to the success of the practice?

Richard Lindstrom, MD: First of all, ASOA is a great organization. I was on the executive committee of ASCRS when we created it, and it's been a wonderful thing for my own practice. My first and longest-term administrator, Candy Simerson, is a past president like you were, and she learned a lot through ASOA.

I've been around ophthalmology 50 years. When we started, most of us basically administrated our own practices. Most were solo practices, or maybe two or three ophthalmologists, no large groups. Things weren't as complicated in those days in terms of regulations and coding. Since then, we've joined larger groups, consolidated, and we're dealing with amazingly complex issues with payers and the federal government. It's more than most individual doctors can manage, and that's why most of us now have professional administrators.

PB: You've said that in order for the surgeon to do what the surgeon does best, we all need to work within the scope of our roles. So for you to do your best job with new technologies and new surgery techniques, you'd agree the administrative role helps you do that better.

RL: It takes a huge burden off the physician. If you're a managing partner, you still need to spend regular time with your administrator to achieve the greatest benefits. But administrating a practice can be a 40-hour-a-week job. How can you do that and also practice ophthalmology?

So I agree completely. We need high-quality, talented administrators, and they need continuing education themselves. And that's where ASOA comes in.

PB: You were part of developing ASOA. I'm sure you're proud of where it is today. Where do you see it going in the future. I'm in private equity now, and sometimes it feels like the more corporate takes over, the less they value people like me. Where do you think that's going?

RL: I might disagree with you a little bit on that. Our group, Minnesota Eye Consultants, was the founding practice of Unifeye Vision Partners. I'm on the board of directors of this private equity company. We highly value



1986 Super Bowl Winner:
Chicago Bears
(Super Bowl XX)



1986 World Series Winner:
New York Mets

Every practice is going to need someone spending the majority of their time managing the practice. For most if not all ophthalmology practices, a practice administrator is a necessity, not an option.

—DR. RICHARD LINDSTROM

our local, regional, and national administrator leaders, and I have found that private equity has a strong interest in the business management of practices.

The typical PE investor group has limited experience managing an eyecare practice. They understand return on investment and business economics well, but they don't know how to create a positive patient journey. And without happy patients and good outcomes, you are not going to have a successful eyecare practice.

In our group, we pay a lot of attention to providing high-quality administrators to every practice. As consolidation grows and practice management issues get bigger, I believe it will expand the opportunity for quality practice administrators and also provide upward mobility. A local administrator can become a regional administrator, with increased responsibility and compensation, and the best of the best can become a national administrator or even a company CEO.

PB: I think the private equity groups that understand the eyecare space know the value of experienced leaders. For those that don't, the path of least resistance is to partner with those who do know the business.

RL: That's what we've done. Every private equity group is different, but in ours we've valued and promoted the administrators who were already there and then given them opportunities to grow inside the system. Most of the time it doesn't work well to bring someone in from the outside who knows nothing about a practice and give them responsibility. They don't have the relationships. They don't have the trust of the team or the physicians. The wise private equity group takes advantage of the quality people already there and tends to invest in them even more than before the practice joined PE. We want our administrators to belong to ASOA to receive quality, timely continuing education. Today, there are more and better growth opportunities for quality practice administrators than ever.

PB: If you've worked hard and stayed ahead of the curve, such as understanding MIPS and regulatory issues, you become immensely valuable, and ASOA helps us do that. And we can mentor new administrators coming in.

RL: Physicians have role models and key opinion leaders. Administrators need the same thing. We want to attract the best of the best as doctors, but we also want to attract the best of the best as administrators.

PB: You've spoken about the future of cataract surgery and where eye care is going. ASOA is at 40 years. But looking ahead, where do you see us in the next 10 years?

RL: One of the biggest trends administrators need to be aware of is the changes in our eye doctor workforce. Every year, there are 150–200 fewer ophthalmologists available in America but at least 500 more optometrists. The quality administrator will want to prepare for this workforce change and develop a plan for their practice. I am an

advocate of what I call "integrated eyecare delivery," which maximizes the benefit of both professions.

The administrator of the future will need to get comfortable with both professions. They will want to attend meetings where both professions are present. In the past you might have been an administrator working only with ophthalmologists. In five to 10 years, you will have one, two, 10, or even 20 optometrists in your practice. Today, we have 18 optometrists in our practice at Minnesota Eye Consultants working side by side with their ophthalmology colleagues in a constructive and collaborative way to the benefit of our patients and our practices economic health. The best administrators will maximize the benefits of both professions as well as physician assistants, COA, COT, and COMT associates, and opticians when the practice dispenses glasses. The complexity and challenge of managing a large integrated eyecare delivery system will require very high-quality practice administrators.

PB: I think consolidation is a given. There's no way you survive without it.

RL: Another challenging trend is reduced reimbursement. Every year, reimbursement for a unit of insurance-reimbursed surgical care goes down. Fortunately, reimbursement for units of care in the office are going up, and we have many cash pay opportunities in eye care. Historically, we have spent more time thinking about care delivered in the OR than in the office. Today and in the future, I believe we need to spend more time focusing on office-based care, as there are greater opportunities for many practices to grow revenue in the office than in the OR, and of course the office is where our surgery cases are generated. Our practice administrators can play a major role here in helping create a positive memorable patient journey that also maximizes the number of patients seen by every eye doctor per hour and per day.

There is a large and increasing revenue growth opportunity for the eyecare office. If you can see more patients in the office per employee and per physician while providing a patient journey that impresses patients and their families, this will generate a very positive impact on practice growth, revenue, and profits.

Second, when I started in practice, I did my surgery in a hospital then I moved to an ASC owned by a hospital. Today, we work in an ASC owned by us. Also, every year we are doing more procedures in our office, and that is a trend in motion that will continue. Looking for a care delivery model that may be where eye care is going, I find dentistry interesting. Oral surgeons and primary care dentists collaborate and are very collegial, most care for both doctors is based in the office, and a lot is cash pay. I think eye care is moving more in a similar direction.

For the practice administrator, both ophthalmologists and optometrists will be part of the most successful practices in the future. Be knowledgeable about both

1986 Headline News:
Space Shuttle Challenger Disaster

Gas Price in 1986:
\$0.93 per gallon

professions and the value they can bring. Pay more attention to the efficiency and quality of office-based care your practice provides, as the office-based practice is the engine of every practice. Surgeons will always focus on surgery, but the administrator needs to focus more on the office to create a sustainable practice.

PB: When you look at programs like BRiCS and programs that ASCRS and ASOA have done together, I think the value is tremendous. You'd agree that capture rate for advanced lenses is way lower than it should be, and we need to work better at delivering that to the patient.

RL: We have both a challenge and opportunity in our most common surgical procedure: cataract with IOL implantation. A prudent practice will maximize the amazing opportunity we have with cash pay in refractive cataract surgery.

But there are other opportunities as well. Interventional glaucoma is an amazing opportunity, and new office-based treatments for retinal diseases keep coming. For example, I expect light therapy for age-related macular degeneration to be a win-win for practices and their patients. The best administrators will pay attention to those new opportunities, investigate whether each new technology makes sense for their practice, and adopt them in a timely fashion. Sometimes a doctor brings new opportunities to the administrator, but the best administrators continuously bring new practice opportunities to the doctor.

PB: That's the relationship I had with Dr. Bowden. I'd bring just as many things to him as he brought to me. Dry eye is another big one. There's a huge opportunity for taking care of dry eye patients.

RL: You and I agree ocular surface disease is really important. I tell doctors they should think about dry eye and other ocular surface diseases the way they think about glaucoma. Once the diagnosis is made, the patient needs an eyecare provider for life. They need to be captured in the practice and then treated similar to glaucoma with regular office visits, point-of-service testing, and in-office procedures. Like interventional glaucoma, there is a growing opportunity for interventional ocular surface disease management, and both can be quite lucrative. That's an area where an administrator like you can help the doctor realize the size of the opportunity. It goes both ways.

PB: Is there anything else you'd like to add as we celebrate 40 years? ASOA heavily influenced my growth, and I hope many more people after me experience that too.

RL: We all believe in lifelong learning. Both ophthalmologists and optometrists are taught that continuing education is required and necessary to be your best. The same is true for administrators. They're going to do better and be happier if they get engaged in ASOA, come to meetings, interact with peers, and continuously strengthen their knowledge and skillset. A quality administrator can make

a huge difference in creating and sustaining a successful practice, but continuing education is required.

I think the future is bright for administrators. It will be unusual in the future to find a prospering eyecare practice that does not have a quality practice administrator. Even one- or two-doctor practices can benefit significantly. Every practice is going to need someone spending the majority of their time managing the practice. For most if not all ophthalmology practices, a practice administrator is a necessity, not an option.

PB: It becomes a career for the person who steps into that role. If you have passion, then you continue to grow and evolve.

RL: And that's great for the doctors as well, because one of the greatest challenges in every business is managing people. Recruiting, retaining, managing, educating, and motivating a practice's employees is a big job. Most doctors are happier but also more successful when someone else takes primary responsibility for these critical but challenging needs. **ac**

Retina Care in 1986:

Pneumatic retinopexy, a less invasive option for selected retinal detachments, was established.

Cataract Surgery Reimbursement:

Then *vs.* Now

1986	2026
\$1,700 Average cataract reimbursement	\$463 Physician reimbursement for cataract surgery
\$30,500 Cadillac Brougham price	\$50,995 Cadillac CT5 price
*About 18 cataract surgeries equaled one Cadillac	*About 110 cataract surgeries equal one Cadillac

Past President Spotlights

Over the past 40 years, 29 individuals have served as ASOA President, each helping shape the direction of the organization and the profession it represents. In the following pages, we highlight seven of those leaders, reflecting on where they were professionally at the time of their presidency, how serving in ASOA leadership influenced their career paths, and the milestones or initiatives they remain most proud of from their terms.



Skip Fahel, FASOA

ASOA President, 1990–1991

During his tenure, Skip was director of operations at Mann Eye Clinic in Humble, Texas. He retired in 2012. He is particularly proud of the growth of the ASOA membership and annual meeting attendance under his leadership. Professionally, he says that serving as ASOA President gave him increased exposure in the field, which enabled him to move to other practices and take on greater opportunities and responsibilities.



Candy Simerson, COE, FASOA

ASOA President, 1997–1999

ASOA played a pivotal role in shaping Candy's career. The education, relationships, and industry connections through ASOA propelled her growth from practice administrator of a mid-sized practice to president/COO of Minnesota Eye Consultants and later to founder of iCandy Consulting. ASOA also enabled her to build a national network to support and advise many of the country's leading ophthalmic practices. "It was also an honor to help develop the Certified Ophthalmic Executive (COE) program and serve as the inaugural Chair of the NBCOE — advancing professional excellence across our industry," she says.



Sondra Hoffman, FASOA

ASOA President, 2014–2015

At the time of Sondra's presidency, she had just relocated and accepted the role as the CEO for Florida Eye Clinic, an Orlando-based, 28 provider/14 location, MD/OD integrated practice with ASC. She proudly served that organization for nearly 10 years and relocated back to South Florida, where she is now the COO with Treasure Coast Eye Specialists.

Sondra believes that serving in ASOA leadership — or simply being involved in ASOA — can influence anyone's career path through its educational offerings as well as mentorship opportunities. "The ability to meet and brainstorm with colleagues around the country is immeasurable."

She also recognizes the impact of becoming a COE. "This designation stands out as a significant marker for excellence in our field."



Janna Mullaney, COE, FASOA

ASOA President, 2019–2021

At the start of her ASOA presidency in 2019, Janna had just entered the private equity-backed practice environment, which was a significant shift from her many years in independent private practice leadership. Today, she serves as chief operating officer of Eyecare Services Partners, overseeing operations across a multi-state ophthalmology and optometry platform.

One of her proudest accomplishments as president was advancing the focus on mid-level manager training. "Creating pathways to develop strong operational leaders felt incredibly important then — and remains a passion of mine today." Another defining personal moment was speaking at the ASOA meeting, as it required her to overcome a long-standing fear of public speaking.

Serving in ASOA leadership reinforced Janna's belief that ophthalmic administration is not just a job but a career with limitless opportunity. "ASOA brought me incredible relationships with the most amazing people who have paved the way for so many of us."



Debbie Davis, COE

ASOA President, 2021–2022

During her presidency, she served as the administrator of a large practice, and today serves as the practice's CEO. While her role has evolved, her focus remains the same: purpose-driven leadership, strong teams, and compassionate, technology-forward care.

The start of Debbie's term coincided with the COVID-19 pandemic, which she said was the most challenging and meaningful period of her leadership. "In a time of uncertainty, I am proud of how the ASOA community came together to share knowledge, support one another, and lead with empathy. That experience reinforced that true leadership is grounded in connection and service."

ASOA leadership profoundly shaped her career, which she says strengthened her ability to lead through change and deepened her belief in collaboration. "The relationships and lessons from my presidency continue to guide my approach, reminding me that the greatest impact comes from service, trust, and shared purpose."



Thomas Brown, JD, COE, FASOA

ASOA President 2022–2023

During his term as ASOA President, Thomas served as CEO of Provident Practice Management Services/Eye Specialty Group in Memphis, Tenn. Since that time, he took a year away from the profession to go sailing, an experience that offered valuable perspective, before returning to ophthalmology as CEO of Key-Whitman Eye Center in Dallas, Texas.

Thomas says that a highlight of his presidency was collaborating closely with the incredible ASOA staff on an analytics initiative. "While the project ultimately was not successful, it proved to be an important learning experience and deepened my understanding of organizational development and the complexities of working with industry partners."



Patti Barkey, COE

ASOA President 2023–2024

At the time of her presidency, Patti served as the CEO of Bowden Eye & Associates and was the creator and director of Dry Eye University. Today, her work continues to center on strategic operations, transformation, and leadership development across ophthalmology, with an expanded focus on guiding organizations through growth and change.

One of the highlights of her presidency was helping strengthen ASOA's role as a strategic partner to both administrators and industry, particularly by elevating leadership development and deepening relationships that support thoughtful technology integration. She also had the honor of being the last president to work alongside former Executive Director Lauren Rowland. "That relationship will always be one of my favorites associated with ASOA."

Serving in ASOA leadership reminded her that each of us has a tremendous amount to offer each other in the way of support and growth. The experience reinforced the impact administrators can have beyond individual practices. "It sharpened my strategic perspective, expanded my industry relationships, and ultimately shaped my path toward broader transformation and advisory work within ophthalmology."