

Thank you for taking the time to respond to this survey. We want to ensure that our organization is meeting your needs. While your answers are anonymous, they will provide valuable information that helps us better assist you. This survey is conducted by the MOA Membership Committee with questions from the Low Vision Committee and the Assistance to Graduates and Undergraduates Committee.



**Mississippi Optometric Association
Member Survey**

Are you a member of the Mississippi Optometric Association? Yes No

If you answered YES, what type of membership do you hold?

Full Retired Faculty Partial Practice Student Life Associate

How long have you been a member? _____ years.

If you answered NO, could you tell us the factors that affect your decision? Check all applicable boxes.

- I need the membership forms.
- Limited value to my practice.
- Cost is prohibitive.
- I do not understand MOA's function.
- MOA's organizational goals and objectives do not match my practice direction.
- MOA's legislative efforts are different than those that I support.
- I receive benefits without membership.
- Benefits are geared toward owners, and I am an employed OD.
- I plan to become a member this year.
- Other (please specify)

ALL RESPONDENTS PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How important are the following factors in making your decision to be a member of the Mississippi Optometric Association?

	Not Important at all	Somewhat Important	Extremely Important
• Legislative advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discounts for equipment, supplies and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Continuing education opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Local networking opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reduced rate/free professional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA company endorsements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Friendship/camaraderie with others in my profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Support of the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Annual convention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cost of membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How important are the following legislative issues to your practice?

	Not Important at all	Somewhat Important	Extremely Important
• Insurance inclusion and access to medical panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medicare and Medicaid regulations and ensuring access by OD's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Continued efforts to prevent mail order contact lens companies from breaking the law and potentially harming patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Continued efforts to prevent cosmetic contact lenses to be sold without a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Continued efforts to prevent opticians from independently refracting or fitting contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Impending telemedicine issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How important are the following continuing education curriculums to your practice?

	Not Important at all	Somewhat Important	Extremely Important
• Practice management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Therapeutic medical optometric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Optician training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Optometric staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How important are/would be opportunities for continuing education at the following venues?

	Not Important at all	Somewhat Important	Extremely Important
• Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Summer convention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fall conference & exhibition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Local society meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How important would the following expansions of practice be to you?

	Not Important at all	Somewhat Important	Extremely Important
• To include Glaucoma without co-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• To include minor surgical procedures of lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• To include use of lasers for Glaucoma and laser capsulotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• To include refractive surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• To include all oral medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the top 3 functions you think MOA performs?

7. Below are some statements about MOA. Please tell us how hearing each one affects your opinion about the organization. Does it give you an extremely positive, somewhat positive or less positive opinion of MOA?

	Less Positive	Somewhat Positive	Extremely Positive
• MOA works in the Mississippi Legislature to increase the services that you can provide to your patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA works in the Mississippi Legislature to include OD's in patient insurance programs and allow access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA is an advocate for you in all legislative affairs that pertain to optometric practice, education, contact lens and optical issues both at a state and national level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA provides many continuing education opportunities for its members throughout the year, ranging from topics in practice management to new techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA's mission: Doctors of Optometry working together to advance excellence in eye care for every Mississippian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA members receive discounts on office supplies and other products through preferred endorsed vendors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA works closely with the Southern College of Optometry to advance education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MOA keeps you informed of the legal changes in the profession that affect your practice, eg. HIPAA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is the best way that MOA can communicate with you? Please number the top 3 in order of preference.

___ E-mail ___ Monthly E-News ___ Web Site ___ Bi-Monthly Newsletter
___ Mail ___ Fax ___ Other (please list) _____

TELL US ABOUT YOUR PRACTICE:

1. Do you dilate patients for routine exams? Yes No
If YES, what percentage per month do you dilate? _____%
2. Do you treat patients with eye disease? Yes No
3. Do you prescribe topical medications for patients? Yes No
If YES, how many patients per month do you treat with topical medications? _____
4. Do you prescribe oral medications for patients? Yes No
If YES, how many patients per month do you treat with oral medications? _____
5. Do you prescribe medications for patients who have Glaucoma? Yes No
If YES, how many new Glaucoma patients do you see per month? _____

TELL US ABOUT YOU:

1. How long have you been in practice? _____ years
2. How would you categorize your practice?
 Independent owner/partner Corporate affiliate owner/partner
 Work for independent practice Work for corporately owned practice
 Work for Ophthalmology practice Educator
 Other (please specify) _____
3. What is your age as of your last birthday?
 18-24 25-34 35-44 45-54 55-64 65 and older
4. What is your gender? Male Female
5. Which best describes the location of your main practice?
 Population under 5,000
 Population of 5,000-10,000
 Population of 10,000-30,000
 Population of 30,000-60,000
 Population of more than 60,000

How You Can Help:

The MOA Member Development and Retention Committee, along with the Assistant to Graduates and Undergraduates (AGU) Committee, is working on a mentoring program which would allow new graduates and members to choose a mentor from a volunteer group of ODs. A mentor would simply be available to answer basic questions, to introduce the new member around at events, and to help new members get involved in their association.

Would you be willing to serve as a mentor? Yes No

If so, please list your name: (please print) _____
(Your name will be in a list available at Fall Conference for new members to select a mentor. Thank you for the generous offer of your time and expertise. If you wish your survey results to be anonymous and to participate as a mentor, please just make a copy of this portion of the survey and fax to us at 601-853-4408 or send an email to Linda@mseyes.com indicating your willingness to serve as a mentor.)

Do you actively treat Low Vision patients? Yes No

If so, please list your name: (please print) _____

The Low Vision Committee of MOA is attempting to identify practices of Low Vision in order to refer to our members. If you wish your survey results to be anonymous and to participate as a mentor, please just make a copy of this portion of the survey and fax to us at 601-853-4408 or send an email to Linda@mseyes.com indicating your Low Vision practice.)

Please provide us with any thoughts about MOA, including issues that the organization should be addressing:

Your Mississippi Optometric Association and the Membership Development and Retention Committee, chaired by Dr. William Strickland, thank you for your feedback.

Please return the survey by October 1, 2007 to:
Mississippi Optometric Association
Membership Survey
141 Executive Drive, Suite 5
Madison, MS 39110