

Outlook

The April Fool

Ophthalmology is a small community. It may seem unrealistic to describe the Academy in that way when it has 29,500 members, but its small size is actually one of its strengths. Like some of you, I've been seeing patients for more than 20 years. I haven't missed an Academy meeting since 1978 (my first year of residency). After all these years, I know a lot of my colleagues. When a patient moves to another city and asks for a referral, I can usually provide it without consulting the Academy *Member Directory*.

Since my opportunity to become your Academy's executive vice president (EVP) and CEO was announced four months ago, this same small community has amazed me yet again. The letters, calls and e-mails of congratulations, support and thoughtful suggestions still keep coming. You are my friends and my colleagues, and we share many of the same objectives and aspirations for our patients, our profession and ourselves.

Many of these same friends were amused that I chose April 1 as my first day to report for duty in San Francisco. I became known to some as the "April Fool." Some, the habitual pessimists, commented on the poor timing—citing the general economy, a new administration in Washington, changes in health care delivery, etc. Others commented on what I'd left behind—patient care, mentoring residents and spring tornadoes.

Fortunately for my psyche, there are many thoughtful realists among us to balance the pessimists' appraisal. This will be a watershed time for American medicine and global ophthalmology. Do not doubt this. We seem to have a political and policy consensus that current health care costs are unsustainable without modulation and that modulation will require systematic change. The debate over evidence-based medicine, quality metrics and value-based care has passed from the policy wonks to the policy makers.

Consider President Obama's recent statements that the rising cost of health care causes a bankruptcy in America "every 30 seconds" and that in 2009 1.5 million Americans could lose their homes as a direct result of skyrocketing health care costs. In nominating Kansas Gov. Kathleen Sebelius to be secretary of HHS, he stated, "Health care reform that reduces costs while expanding coverage is no longer just a dream we hope to achieve—it's a necessity we have to achieve." Whether we agree with all of the president's statements, his seriousness regarding health care system and payment reform is clear.

And there are plenty of other challenges that compete for the government's and our profession's attention—the globalization of health care, regulatory issues, changing science and technology, the impact of the Internet on resident and continuing medical

education, ethics and conflict of interest conundrums, scope of practice and the impact of the Boomers on demands and needs for eye care.

We in ophthalmology have benefited greatly from the strength of our Academy, which is its people—the dedicated volunteer ophthalmologists and talented staff who have all been nurtured and guided by a great EVP in Dunbar Hoskins. It's my responsibility and pledge to carry on that tradition.

And finally, while trading the risk of tornadoes for that of earthquakes, I will spend a little time in direct patient care. It is what I was trained to do, and something I still love.



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AND CEO OF THE ACADEMY