



Envisioning the Future

As David W. Parke II, MD, takes the position of the American Academy of Ophthalmology's executive vice president and chief executive officer, the organization is on the cusp of a new era. *EyeNet* interviewed Dr. Parke to learn what he envisions for the future of ophthalmology and what role the Academy will play as we approach the second decade of the 21st century.

The Role of the Academy In Turbulent Times

From health care reform to lifelong learning, challenges and opportunities for your profession are many.

Q: *As we look toward the future, what will be among the Academy's most topical challenges?*

A: I think that the Academy will become more critical than ever for ophthalmologists, and it will evolve to mirror the profession's requirements as the health care system changes. "Quality of care" is an illustrative example.

Historically, physicians, including ophthalmologists, have been paid "per unit" of professional service, not on the quality of the service or the outcome of the care. Now, in the health care reform packages proposed by President Obama and Congress, policy makers are increasingly focused on value-based medicine.

So the questions become 1) Who determines what services, what diseases or what metrics will be measured? 2) What will be the specific valences placed on those metrics? 3) How will that impact the provision of care by physicians?

We have two options. One is that we allow this process to take place outside the profession of ophthalmology, or we can try to bring our own science and patient care knowledge to bear to design a system that is realistic and meaningful and has the most positive net impact. Within ophthalmology, the organization best positioned to engage meaningfully in this dialogue is the Academy. Therefore, the

Academy will be the advocate and the voice of the profession in trying to ensure that whatever comes down the road in health care reform is something we can all support and work with in a professional fashion.

Q: How much influence does the profession of ophthalmology actually have in health care reform?

A: Physicians make up about one-quarter of 1 percent of the American population, and ophthalmologists are less than 3 percent of this physician population. So to pretend that we control the debate and are in a position of major influence is wrong. There are so many other stakeholders and constituencies with greater political clout. Even though this is a policy issue, it is also a political issue.

However, I want to stress this is not to say that medicine and the Academy are without influence and power. Our goal is to stay knowledgeable, alert and informed, and to exert our influence judiciously in order to have maximum impact.

Q: How active is the Academy in these important policy issues?

A: The Academy has an unusually engaged membership with regard to policy issues. I am proud of the fact that when we travel every April to the Mid-Year Forum, 400 to 500 ophthalmologists join us at that meeting to inform regulators and legislators about ophthalmology's most critical issues. This is tremendously helpful because when the Academy staff goes to meet at House and Senate offices throughout the year, the policy makers realize that their constituents are not just casually interested but actively engaged in the debate.

Second, the Academy has a very professional, experienced and active Washington staff, and we pick our battles. We realize that while ophthalmology cannot drive the reform debate, we can try to educate key individuals involved in the process, and that by careful attention to the detailed language of proposed bills, we can make changes that ultimately benefit our patients and profession.

We are particularly fortunate to have an active health care policy committee made up of members who dedicate hours upon hours of effort to effectively represent their pro-

profession. Every ophthalmologist should realize the debt they owe to those colleagues who give selflessly to the process.

Q: What do you see as the Academy's ongoing role within ophthalmology?

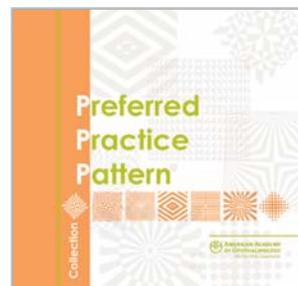
A: I think the Academy's role plays out at two levels. The first is at the level of the individual. So much innovation comes from the members of the organization. I have profound admiration for my colleagues who come up with the most impactful scientific and practice design innovations, which can change the face of our profession overnight.

Recent examples that come to mind are LASIK and anti-VEGF drugs. The Academy's role here is to help facilitate needed innovation and to serve as the central educational vehicle to provide validated, important, clinically relevant education to individual ophthalmologists in the United States and around the globe. The subspecialty societies also play an important role, but only the Academy has the resources to serve the entire profession.

And on an organizational level, the Academy has a tremendous role in facilitating meaningful, productive and positive change in the profession, not by the action of one man or woman, but by serving as a forum to bring together the best minds and resources to test hypotheses and create models for change. A great example of this is putting scientific advances into *Preferred Practice Patterns* to help the standard of patient care evolve. And in two other, very different, areas, I would also single out the impact of the Ethics committee in preserving the consensus standard of ethics and professionalism in ophthalmology and of the American Academy of Ophthalmic Executives in developing the largest practice management organization devoted strictly to ophthalmology.

Q: What is another way the Academy assists the profession?

A: A key area for the Academy, and one that is still evolving, involves conflict of interest. On any given week, you can't open a major newspaper, listen to network TV or view congressional hearings without encountering dialogue pertaining to trust in medicine. Specifically, how can



MEETING IN THE OFFICE OF JAMES M. INHOFE (R.-OKLA).

During 2009 Advocacy Day, which immediately preceded the Mid-Year Forum, several Academy members met with Sen. Inhofe (back to camera). From left to right are: Suzanne Meledeo, Sen. Inhofe's health care legislative assistant; Advocacy Ambassador Program participant Kevin A. Kerr, MD; Cynthia A. Bradford, MD, the Academy's senior secretary for Advocacy; and Amalia M. Miranda, MD, president of the Oklahoma Academy of Ophthalmology.

patients trust a physician to do the right thing when the physician appears to have a conflict of interest—particularly financial?

Physicians are justifiably insulted by this; it implies that because they accept a coffee mug from a pharmaceutical firm

their judgment is tainted. But we understand that there are abuses, and those must be identified, codified, monitored, disclosed and managed. This is a huge problem and must be confronted by the Academy, with its responsibility as the trusted voice for the profession's integrity. The Academy has been engaged in critically reevaluating its own policies and procedures, working with committees of the membership to continually ensure that our position is one in which we can take great pride.



Q: *The Academy's mission statement stresses advancement of lifelong learning and professional interests. How does the Academy deliver on this?*

A: Medical school begins around age 22, and fellowship ends about 10 years later. This means that for ophthalmologists, the remaining 30-plus years of professional practice are consumed with continuing medical education. The Academy, as the largest source of CME products and programs, has committed itself to becoming and remaining the “education home” for all ophthalmologists. And this commitment reaches beyond providing validated clinically relevant material for our ophthalmologists in practice. We must keep in mind the needs of residents in training as well as ophthalmologists beyond the borders of this country.

This continuing medical education also encompasses the Academy MOC Essentials, an array of tools and information that helps physicians prepare for the Maintenance of Certification (MOC) process, which is positioned to become more complex and important in the future. I personally anticipate that, in the coming years, CMS will designate the MOC process as an alternative to Medicare's PQRI evidence-based guidelines reporting. It also is possible that the MOC process may become a pathway to maintenance of licensure.

The Academy also recognizes that one of the biggest challenges ophthalmologists face in the 21st century is information overload.

Between listservs, Facebook, Twitter, meetings, virtual meetings, journal articles, magazine articles and professional blogs, ophthalmologists are inundated with



THE ACADEMY NEEDS YOU Organized ophthalmology owes its continued success to the cooperative efforts of individual physicians.

By volunteering on one of the more than 60 Academy committees, you can help the Academy serve its members more effectively. To learn how you can contribute, visit www.aao.org/committee-volunteer. Read each committee's mission statement before indicating your availability for service.

information—sometimes conflicting information. To help physicians manage this, the Academy developed the O.N.E. (Ophthalmic News & Education) Network on the Web, which gives ophthalmologists direct access to a robust database and learning plans customized to their needs.

Of course, the Annual Meeting is always an excellent source of CME. This year, our joint meeting with the Pan-American Association of Ophthalmology (PAAO) is scheduled for Oct. 24 to 27 and will be held in the Academy's hometown—San Francisco. There will be 750 papers and posters, culled from the 2,000 scientific poster abstracts submitted this spring. This submission number is higher than for any previous meeting—suggesting that this will be a well-attended and scientifically exciting educational event.

As for practice management, there is no doubt that every ophthalmologist should think of the AAOE (American Academy of Ophthalmic Executives) as a vehicle to help optimize the operation of their practice to meet America's eye care needs. You might be the best clinical ophthalmologist in the country, but that does you very little good if your practice operates in an ineffective or inefficient fashion.

Q: *Dr. Parke, any final thoughts?*

A: There is a famous quote applied to health care that states, “No margin, no mission.” This basically means that if you aren't running an effective business, you won't be around to take care of patients. But I believe this is equally valid in reverse: “No mission, no margin.” If the Academy doesn't keep its core mission front and center, then we will not provide value to our members and we ultimately cease to be as strong as an organization. I view it as my responsibility to keep the Academy focused on its mission of meeting members' needs so that they can fulfill their professional objectives—and do so in an efficient and business-responsible fashion.

Finally, when my colleagues think of the Academy, I want each of them to think of it as “my Academy.” It exists to serve them. It is not an amorphous, faceless organization. It is effective only because of the active engagement, the talents and the leadership of thousands of their colleagues. The important decisions of the Academy are the decisions of ophthalmologists. From the board of trustees to the junior member of an educational committee, each of these individuals is giving their time and their expertise to maintain the preeminence of their profession, and we should all salute every one of them.