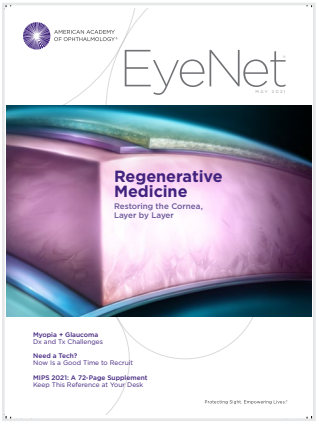
Letters



Gratitude From a Trainee

Thank you very much to Ruth D. Williams, MD, for underscoring the effort put forth by ophthalmologists who practiced beyond their routine work during the COVID-19 pandemic (Opinion, May). It is worth adding that the extent to which ophthalmologists went above and beyond was certainly notable in the realm of medical academia.

The pandemic substantially disrupted traditional structures of educational curricula, including clinical clerkships, and dramatically altered the application season. As a student who just finished clinical clerkships in her third year of medical school, I appreciate all the ophthalmologists who spent additional time and made the extra effort to provide opportunities, mentorship, and guidance to trainees during the pandemic. To cite a few examples of this outreach: Virtual ophthalmology rotations were created.[1] Mentorship matchup opportunities were crafted through surveys and several online platforms. Webinars were held to teach trainees how to work effectively in a virtual environment, especially for conducting interviews. Residency program directors offered their insight and perspectives to applicants.[2] And the Academy provided extra resources for medical students on its website.[3]

The massive effort to help trainees has been a testament to the spirit and character within the community of ophthalmology. Importantly, the collaborative energy inspires the next generation of ophthalmologists to give back to future students.

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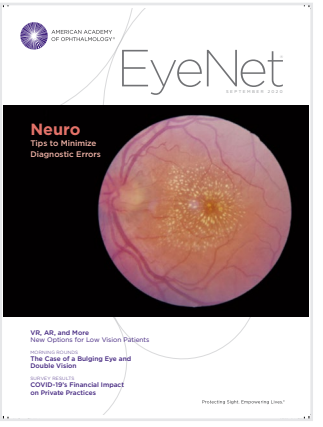
1 Wendt S et al. *Surv Ophthalmol.* 2021;66(2):354-361.
2 Duong AT et al. *Ophthalmology.* 2020;127(11):e95-e98.
3 aao.org/medical-students.

Rural Practices Have Reached a Tipping Point

I read Dr. Parke's "An Open Letter to Congress: Medicare Payment Policies and a Tipping Point" (Current Perspective, September 2020) with great personal interest. My perspective is that, in rural America, we are not approaching that tipping point but rather have already reached it.

My practice is a long-standing, two-ophthalmologist partnership in rural northern California and southern Oregon. I am 70 years old; my partner is a few years younger. My partner, an excellent surgeon, elected to discontinue doing surgery on Jan. 1, 2020, because it simply was not worth the stress and risk. I've continued surgery only because it is a common need and there is no readily available alternative for our patients. We have both decided to fully retire at the end of 2021.

We are willing to almost give away our practice so that our employees can keep their jobs and our elderly patients can have continued access to care (the next nearest ophthalmologist is about 80 miles away over less-than-ideal roads). And while the pandemic created a tremendous demand for real estate in our relatively spared area, we have been unable to find a younger ophthalmologist who is willing to move to our rural area and take on the rigors and ever-increasing financial risks of private practice.



Reimbursement, particularly for bread-and-butter cataract surgery, is a big part of the issue for our patients. We have contacted other practices in the region to ask if any of the ophthalmologists would come here and do surgery occasionally. None are willing because it is not financially worthwhile for them to do so. A cluster of communities around 90 miles south of us with a combined population of over 60,000 are now served by only one ophthalmologist doing cataract surgery; the others have stopped due to declining reimbursements.

In short, the tipping point has come. The patients in our region will soon have great difficulty accessing ophthalmology care, the primary reason being the reimbursement cuts that have been made to cataract surgery.

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WRITE TO US. Send your letters of 150 words or fewer to us at *EyeNet Magazine,* American Academy of Ophthalmology, 655 Beach Street, San Francisco, CA 94109; e-mail eyenet@aao.org; or fax 415-561-8575. (*EyeNet Magazine* reserves the right to edit letters.)