



Chris Albanis, M.D.
Illinois Association of Ophthalmology
Leadership Development Program XI
Project Abstract

Title of Project: *Encourage Enhanced Understanding and Involvement of Young Ophthalmologist in Advocacy*

Purpose: Hypothesize that residents, fellows, and young associates post-training are under-educated in what happens in the “real world”. Because of this lack of knowledge, many young ophthalmologists make poor “business” decisions or simply do not succeed to their maximum potential. Further, there appears to be a lack of awareness or participation in the resources available to assist them in their efforts (i.e. the IAO). Goal is to increase involvement and membership of young ophthalmologists in the Illinois Association of Ophthalmologists (IAO), and increase awareness/knowledge about the “business of medicine” and the importance of advocacy work, in the same group.

Methods: In order to appeal to the greatest number of young ophthalmologists, a multi-faceted approach allows “reaching out” to greatest number of doctors:

- 1) Survey – short survey given to attendees of annual IAO meeting in February.
- 2) Legislative awareness/participation and appreciation – extended invitations to young ophthalmologists to join board members in outings to meet our legislators.
- 3) Extended invitations to young ophthalmologists to join the Board of IAO.
- 4) Begin awareness process during residency – attended regularly scheduled clinical lectures for residents, and informed them of resources available to them through IAO/AAO.
- 5) Discussions initiated to start Facebook page.

Results:

- 1) Limited participation seen with written survey at annual meeting. All respondents (n = 9) agreed that involvement in advocacy important, and that increased information on “business of medicine” important.
- 2) Four residents in the Chicagoland were sponsored by IAO to participate in the AAO Mid Year Forum. All 4 joined Board members for Advocacy Day, and found it an “eye-opener” and very positive experience.
- 3) One new members of the IAO Board this year, a “young ophthalmologist” practicing in the southern, typically less represented, part of the State.
- 4) Attended local (and national) lectures for residents only, bringing forward message of importance of advocacy to over 150 residents, nationwide.

Conclusions: When engaged in discussion regarding the importance of advocacy, and upon encouragement in understanding its importance in our day-to-day practice, young ophthalmologists seem very interested in participating. In these current economic times, and changing scenes in the health care arena politically, many now realize all too clearly the importance of speaking up and getting involved. In addition to continuing to encourage such involvement, future goals include: starting a mentoring program

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Project: Encourage Enhanced Understanding and Involvement of Young Ophthalmologist in Advocacy

within the IAO for young ophthalmologists, create a quarterly “business of medicine” bulletin, and enhance involvement through social outings and/or Facebook. Finally, in addition to the benefits to the young ophthalmologist, involvement of young ophthalmologists also benefits the society, through their energy and unique perspective on issues.



Britton B. Carter, MD
Alabama Academy of Ophthalmology
Leadership Development Program XI
Project Abstract

Title of Project: *How the Americans with Disabilities Act Affects Ophthalmology Practices in Alabama*

Purpose: To survey ophthalmology practices in the state of Alabama and evaluate how they are affected financially by the requirements of the Americans with Disabilities Act (ADA). Excluded from the survey were issues related to the ADA building code requirements. This survey focuses on the requirements for providing access for hearing impaired patients and how they affect physician practices financially. An additional question sought responses related to provision of translations services to non-English speaking patients. The data will be used to determine if the requirements put an undue financial burden on physician practices. If they do, how can these requirements be met with minimal financial impact on the practice.

Methods: A survey was sent out via email asking: 1) how many hearing impaired patients a physician sees in an average month; 2) the method of communication with the hearing impaired patient (paid translator, family member, office staff, other); 3) whether the practice was asked to pay for translation services; 4) whether the fee for the paid translator exceeded the fee the physician was paid for the eye exam; and 5) whether the practice had ever been asked to pay for language translation services.

Results: There were 12 responses to the survey sent out to over 150 ophthalmologists. The average number of hearing impaired patients seen per month ranged from 1-4. Translation services were provided by either a family member (in 5 cases) or a hired translator (7 cases). In every case where a paid translator was used, the practice was asked to pay for the service. The fee for the translation services exceeded the fee for the eye exam in all but one case. Three physicians responded that they had paid for foreign language translation services. None of the physicians noted any other specific instances where the requirements of the Americans with Disabilities Act impacted their practice financially.

Conclusions: It is difficult to draw conclusions from such a small response group, but one may reasonably conclude that the low response rate may indicate that the Americans with Disabilities Act does not impose a significant burden on the ophthalmologists in Alabama. The incidence of patient care where the practice is required to pay for translation services is a relatively low monthly expense. While the current ADA requirement of physicians to provide services at a loss is inequitable, it seems that the law does not place an undue burden on ophthalmology practices in Alabama. However, if physician reimbursement continues to decline, this requirement may indeed become unsustainable.



Kristin Carter, MD
Arizona Ophthalmological Society
Leadership Development Program XI
Project Abstract

Title of Project: *Website Development to Promote Arizona Ophthalmological Society (AOS) as the Primary Source for Eye Care Information in Arizona*

Purpose: Redesign and launch the AOS website as a multifaceted ophthalmic information and resource portal for AOS ophthalmologists, legislators and government officials, as well as the public.

Methods: Website redesign is underway to build a site to provide information to three different types of users; AOS members, legislators and government officials, as well as the public. AOS members will be able to enter a members-only area to update information, participate in message board discussion, register for the annual meeting, review calendar of events and pay dues or other AOS-related fees. It will also promote advocacy and update AOS members on advocacy news around the country. For the public it will supply basic eye care information to prospective eye patients and promote the EyeSmart campaign. It would also provide a search utility to find an ophthalmologist in their geographic area and subspecialty of need. For legislators/government officials the site will provide up-to-date eye care issues pertinent to their constituents, and will serve as a resource for referrals to Eye Care America and will also list available low vision resources. It will provide AOS members who meet with their legislators a tangible way to promote ophthalmologists' public service and provide resource information.

Results: Utilization of the website has yet to be determined since it is still under construction. October 26th is the target date for the re-launch.

Conclusions: Website development provides a service to AOS members, promotes advocacy, and attracts young ophthalmologists. The public has access to basic eye care information and a referral source for ophthalmologists in Arizona. It also provides follow-up information for legislators, and state officials after meeting with AOS members. It helps to establish AOS as the primary source of eye care information in Arizona.



JoAnn A. Giaconi, MD
California Academy of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: *A Quality Assessment of Evidence-Based Glaucoma Practices at the Greater Los Angeles (GLA) Veterans Administration (VA): A Comparison of Optometry Versus Ophthalmology Practices.*

Purpose: The practice of evidence-based medicine is a high priority and in step with providing high quality care. There remains debate on which glaucoma suspects and ocular hypertensive patients should be treated. There are a number of tools and guidelines that have been developed, based on evidence and expert panels, to help clinicians decide when to initiate treatment on an individual patient. There is also a dearth of evidence regarding the way California optometrists practice glaucoma, an area of legislative concern for their profession. This project proposes the following: (1) to perform a quality assessment of the care being delivered by optometrists and ophthalmologists within the GLA VA with respect to patients with ocular hypertension, glaucoma suspect, and glaucoma diagnoses, (2) to determine the degree of under and/or over treatment of these patients in comparison to recommendations made by the STAR calculator and RAM point system, tools developed from evidence-based medicine and expert opinion, and (3) to determine the conformance with American Academy of Ophthalmology's Preferred Practice Pattern guidelines for glaucoma and glaucoma suspect patients.

Methods: A retrospective chart review will be conducted. The 2008 charts of patients with a diagnosis of glaucoma, ocular hypertension, and glaucoma suspect, as identified by ICD-9 codes, will be reviewed and data will be abstracted that is needed for the S.T.A.R. glaucoma calculator, the RAND Appropriateness Model glaucoma point system, and the American Academy of Ophthalmology's preferred practice patterns guidelines. We will also collect provider's recommendations for treatment and compare this to the evidence-based recommendations provided by the published tools. Statistical analysis will involve calculating agreement between the providers (O.D.s and M.D.s) and the various clinical tools using Kappa statistics and receiver operating characteristics curves. Differences in agreement will be examined using Chi-square tests and logistic regression models. Rates of under and over treatment will be calculated. Conformance with AAO PPP guidelines will be examined and the number of areas where there is a failure of conformance will be reported.

Results: This project is still under VA IRB review and data collection has not yet started.

JoAnn A. Giaconi, MD (cont'd)

Project: A Quality Assessment of Evidence-Based Glaucoma Practices at the Greater Los Angeles (GLA) Veterans Administration (VA): A Comparison of Optometry Versus Ophthalmology Practices.

Conclusions: Evaluating whether or not eye care providers are practicing evidence-based medicine in a chronic disease like glaucoma and in glaucoma suspects will help to assess the quality of care being provided to veterans in the Los Angeles area. Findings from this study will help to identify differences, strengths, and deficiencies in certain aspects of glaucoma practice between optometrists and ophthalmologists. The hope is that this information will be useful to organized ophthalmology, especially at the state level, when confronting scope of practice issues.



Carl G. Glittenberg, MD
European Society of Ophthalmology
Leadership Development Program XI
Project Abstract

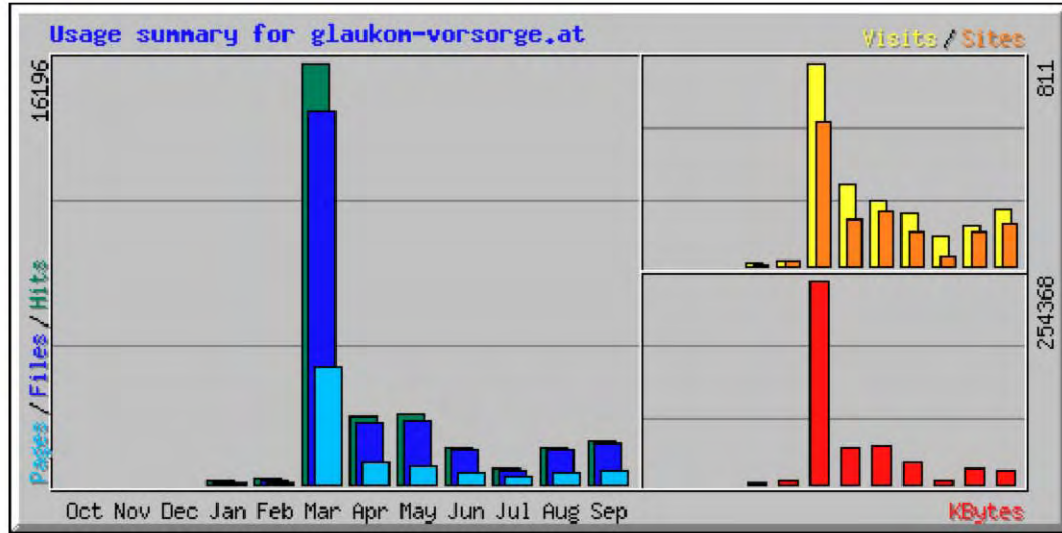
Title of Project: *Austrian Ophthalmic Society Advocacy Campaign (In cooperation with the European Society of Ophthalmology)*

Purpose: To conduct a media campaign involving the development of several web sites and information portals, press conferences, newspaper advertisements, television interviews, and billboards which highlight various ophthalmic pathologies, and the importance of seeking the aid of an ophthalmologist in the diagnosis and management of these diseases.

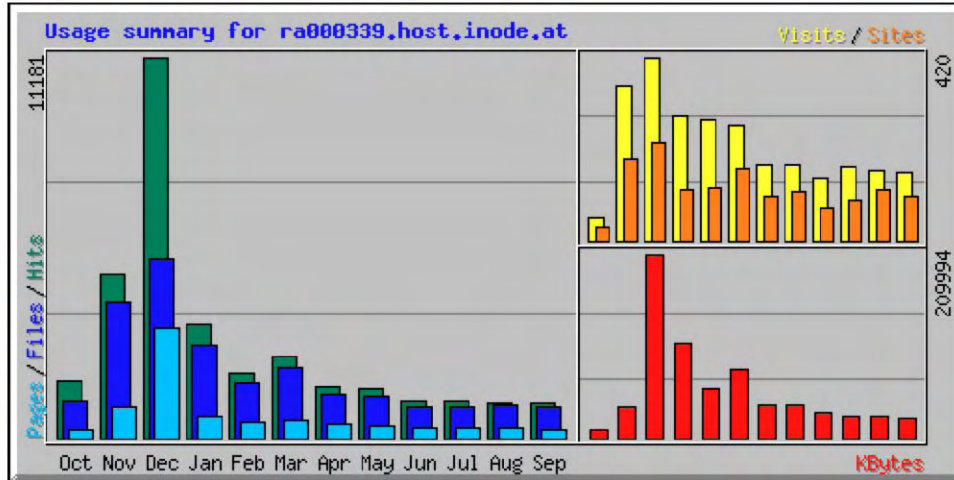
Methods: An ongoing media campaign was implemented, which addresses a different ophthalmic pathology each year. Information about the diagnosis and professional management of the disease was placed in national newspaper ads and billboards, and press conferences with national print and broadcast journalists were held. A website was created and maintained for each sub campaign, and the number and origin of visits tracked. A campaign regarding diabetic retinopathy is in the end stages of planning, and will be launched this year.

Results: Successful sub campaigns were held regarding the relationship between smoking and age related macular degeneration as well as glaucoma. Press conferences and newspaper/billboard campaigns were held regarding these two subjects (see figures below). The tracking results of the two websites were used as an indicator of public response to the campaigns (see figures below). The increase in website traffic showed a direct correlation to the timing of the press conferences, the newspaper ads, and the billboard campaigns. The findings were presented and discussed at the annual meeting of the Austrian Society of Ophthalmology.

Conclusion: Although there was no conclusive way of measuring the impact of the campaign on the general public, the website traffic data indicated that such campaigns can have an affect on the public interest in the subject. Perhaps just as important was the increased level of awareness about the importance of advocacy amongst the society members, which was made visible through the enthusiastic discussions, which took place during the annual meeting in response to the presentation of the campaign. A continued effort is needed to maintain the public's and the ophthalmologist's awareness of the importance of eye care by ophthalmologists.



Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Sep 2009	77	74	24	10	172	15945	228	523	1559	1632
Aug 2009	44	43	13	5	133	18344	164	403	1345	1390
Jul 2009	18	16	7	3	40	4315	117	243	519	568
Jun 2009	47	42	14	7	138	27536	214	448	1288	1415
May 2009	86	78	22	8	219	48655	262	687	2429	2689
Apr 2009	87	78	28	10	185	45095	326	864	2359	2626
Mar 2009	539	476	150	27	573	254368	811	4507	14306	16196
Feb 2009	6	4	1	0	19	4080	24	27	134	162
Jan 2009	7	6	1	1	8	1774	13	19	70	81
Totals						420112	2159	7721	24009	26759



Summary by Month										
Month	Daily Avg				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Sep 2009	49	42	12	7	100	21981	155	270	889	1043
Aug 2009	33	30	10	5	118	25284	160	319	954	1037
Jul 2009	33	29	10	5	92	24682	171	326	899	1047
Jun 2009	35	30	10	4	74	29606	145	324	928	1073
May 2009	46	40	11	5	114	37580	173	348	1247	1456
Apr 2009	51	45	14	5	100	37740	173	410	1319	1507
Mar 2009	78	66	17	8	163	77935	264	546	2058	2423
Feb 2009	67	57	17	9	124	56568	275	480	1614	1892
Jan 2009	106	88	20	9	119	107432	285	630	2747	3313
Dec 2008	360	170	104	13	223	209994	420	3239	5280	11181
Nov 2008	161	132	31	11	186	35852	353	931	3984	4832
Oct 2008	97	64	14	3	31	9939	54	251	1100	1655
Totals						674593	2628	8074	23019	32459



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John W. Kitchens, MD
Kentucky Academy of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: Developing Web-Based Interactive Information Sharing on a State Level.

Purpose: Develop a strategy utilizing various technologies to keep state members informed of issues pertinent to ophthalmology.

Methods: (1) Assimilate current member information. A brief survey of all KAEPS members involving their knowledge and use of web-based interactive technologies. This establishes a baseline of members familiarity and implementation of web 2.0 into their lives and practices. (2) Education of members on web 2.0. A presentation on the use of various technologies given during the spring KAEPS meeting. This would include the announcement of KAEPS-specific Facebook and Twitter sites as well as the appropriate ways to access and utilize these tools. (3) Implementation of KAEPS-specific services. A mechanism will be established for posting updates regarding general, legislative, billing/coding, and patient care issues. A mechanism for exchange of information ranging from feedback from KAEPS members to communication with state legislators will also be established. (4) Evaluation of effectiveness. A follow-up survey of all KAEPS members will take place at 6 and 12 months after implementation. This survey will help to judge the effectiveness and value of these technologies to members. It will also help to guide further implementation of web-based technologies to benefit members.

Results: Results to be determined at 6 and 12 months. Estimated date of finale results: Spring 2011.

Conclusions: Web-based interactive information sharing has abundant potential on the level of state and local medical societies. Proper implementation along with appropriate education of members is critical for the success in this realm.



Aaron M. Miller, MD
Texas Ophthalmological Association
Leadership Development Program XI
Project Abstract

Title of Project: *Texas Eye Care Emergency Disaster Response Plan*

Purpose: To assess the current eye care emergency response plans in existence in Texas; to evaluate the capacity of a state-wide eye emergency response plan; to develop a state-wide plan to respond to ocular injuries in a disaster.

Methods: Through assistance of the Texas Ophthalmological Association, eye response plans were identified and reviewed. Meetings were performed with local emergency response personnel to identify the current medical disaster response plans in effect in Houston and how they interact at the state level. The State of Texas disaster response system was evaluated and incorporation of an eye care component was considered.

Results: Assessing and incorporating ophthalmic and optometric resources into a regional eye disaster response plan is challenging due to a lack of local or regional organizational structure in many regions within Texas. Houston was unique in that it was the only city in Texas with a comprehensive eye care emergency disaster response plan. This plan was organized through the local chapter of Prevent Blindness Texas, which allowed a combination of ophthalmic and optometric resources. When reviewing general medical disaster response plans in Texas, the state is divided into regions comprised of multiple counties. Each region is tasked with developing its own disaster response plan, allowing for a unique preparation to best serve the potential disasters for its area. Eye care is sometimes incorporated into the medical components of these plans but is highly variable and typically not organized by the region's ophthalmic and optometric societies.

Conclusions: To maximize the resources available for an eye care emergency response plan in Texas, it is recommended that a plan be organized through the local chapters of Prevent Blindness Texas. This will promote a collaborative effort between ophthalmic and optometric personnel. Each region will have a unique priority list for disaster preparedness depending on their unique environment. Development of an eye care state-wide plan is not feasible and instead should be incorporated into the local medical disaster response plans that are organized through the county medical societies. The plan created for Houston, Texas, should serve as a template for other regions within Texas.



Ron W. Pelton MD/PhD FACS
Colorado Society of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: *Develop a State Society Website for CSEPS*

Purpose: To increase awareness of the Colorado State Society and encourage physician involvement and activism.

Methods: We examined the websites of all state societies that have sites to decide what would work well in Colorado. Once we had designed the sites pages we met with a website developer and built it. We then trained on how to alter and change the content ourselves to better control the message. We developed a patient portal to give information on our state society, common ophthalmic problems, definitions of the provider team to distinguish between the ophthalmologist and the optometrist and a find-a-doc page. We also developed a password-controlled member's only area the keeps the members up to date on advocacy issues and meeting information. Members will now be able to sign up for meetings and classes online and pay dues online.

Results: The website went live in the last few weeks ago and is still being "discovered".

Conclusions: We envision that by having a higher profile and making it easier to pay state dues we will increase participation in the state society.



Name: Lawrence Piazza, MD
Maine Society of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: *Development of a Sustainable Model for the Funding of and Participation in an Advocacy Fund for the Benefit of the Members of the Maine Society of Eye Physicians and Surgeons.*

Purpose: To establish a model of active and recurrent contributions by the membership of our state society in order to enhance political involvement and strengthen the balance of funds available to lead the charge of advocacy for our profession in the state of Maine.

Method: Establish a soft money Advocacy Fund to which members of the state ophthalmology society will be more likely to participate as this model allows for anonymous contributions as opposed to the Eye Pac which declares a public list of contributors. Each member will be solicited to commit to a profession-long annual pledge to the Advocacy Fund equivalent to the reimbursement that one would receive for one surgical procedure annually.

Results: Members, although in support of this concept, have not yet received their pledge request forms. This will be done at the semi-annual fall meeting in October. It is expected that participation will be high. The value of such a fund has been emphasized to our membership as we recently successfully concluded a challenging expansion of scope of practice by optometry in the state of Maine.

Conclusion: The obstacles to overcome are apathy and non-participation in supporting the political and advocacy functions of the Maine Society of Eye Physicians and Surgeons. In order to emphasize the value of supporting such functions, we have asked the membership to contribute the proceeds of one (1) surgical procedure annually for the benefit of the society for as long as they are practicing ophthalmology in the state of Maine. The idea is to link the value of the privilege that we all enjoy in providing surgical services to our patients with the subsequent benefits we all experience when our ability to advocate for the preservation of the integrity of this fine profession is enhanced. Providing excellent clinical care, although important, is not sufficient to fulfilling our roles as active practicing ophthalmologists in our state society. Financially supporting the role and function of advocacy both at the state and national level are becoming critical components to being a responsible citizen to our respective professional organizations.



Michael J. Price, MD, FRCSC
Massachusetts Society of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: *Tiering (Profiling) of Physicians in Massachusetts: Dealing with Subspecialists and the Comprehensive Eye Exam*

Purpose: Physicians are profiled in Massachusetts based on a statistical determination using coding data, both ICD9-CM and CPT. Each physician is then given a score of efficiency and quality. This has been shown to be inaccurate when profiling physicians on an individual basis. 1. To attempt to improve the accuracy of profiling individual ophthalmologists in Massachusetts especially subspecialists who are inappropriately and adversely penalized for undertaking the care and treatment of the most challenging patients. Inaccurate profiling could force some of these physicians to turn away from treating those patients with more complicated problems. 2. To attempt to correct inaccuracies in profiling based on quality measures using the comprehensive eye exam.

Methods: 1. A review of the quality score was done to investigate the effect of the comprehensive eye exam on this score for the individual Ophthalmologist. The diagnosis tagged to the comprehensive eye exam was a V code indicating an “annual eye exam” but does not specify a specific diagnosis such as diabetes. The review then evaluated how this would affect the Tiering status 2. Members of MSEPS, particularly glaucoma subspecialists, began a consultation with one of the insurance companies, in an attempt to review the status of subspecialists’ profiling. Glaucoma and Neuro-Ophthalmology were reviewed. The criteria used for Glaucoma subspecialists were based on surgical procedural codes.

Results: 1. Physicians had signed contracts with some or all of the three insurance companies that participated in the profiling process dictated by the GIC (Group Insurance Commission) of Massachusetts. As background, the GIC oversees health care for state and many city employees in Massachusetts. Any insurance company wanting to participate under the GIC must profile individual physicians. The quality measure was essentially based on whether or not the patients who were diabetic had a diabetic eye exam. The review found that less than 70% of ophthalmologists were listed in Tier one because the “routine eye exam” if applied to a diabetic patient was not counted as the patient having had their diabetic eye exam. Meetings with the Director of GIC resulted in recognition of the routine eye exam and quality scores for Ophthalmologists in Massachusetts rose above 98%. 2. A review of subspecialists in Massachusetts found that many glaucoma subspecialists handling the most complicated cases in glaucoma were being assigned to the lowest tier, that is, Tier 3. This forces their patients to pay the highest amount of co-pays to continue care with the specialist. It was found that in the review of the statistical methods employed by the insurance companies that multiple physicians may be involved in an episode of care and that specific episode of care (over a 12 month period) will be completely assigned to the physician (in many cases the subspecialist) who generated the most cost or at least 30% of the costs. The review included evaluating the procedural data to determine if a subset of specialists could be profiled separately from the Comprehensive Ophthalmologists. . Neuro-Ophthalmologists were not able to be differentiated by coding as the diagnostic codes are similar to Comprehensive Ophthalmologists. Neuro-Ophthalmologists were being penalized for ordering too many MRI studies. There are plans for continuing a dialogue re: the accuracy of results in profiling subspecialists. It was felt that procedural coding could be used in the case of retinal subspecialists.

Michael J. Price, MD, FRCSC (cont'd)

Project: Tiering (Profiling) of Physicians in Massachusetts: Dealing with Subspecialists and the Comprehensive Eye Exam

Conclusions: Profiling or tiering of physicians at an individual level is inaccurate. It allows our government agency, the GIC, to shift costs to the patients by forcing higher co-pays. The GIC has determined that irrespective of the actual quality and efficiency results in Massachusetts that physicians will arbitrarily be assigned as follows: 20% to Tier 1, 65% tier 2, and 15% tier 3. By being proactive, a change to the manner in which the comprehensive eye exam was recognized resulted in many more ophthalmologists being profiled as Tier 1. The review of subspecialists is continuing. As profiling expands across the country, patient care will be adversely affected unless inaccuracies can be corrected. The Massachusetts Society of Eye Physicians and Surgeons (MSEPS) has joined with the Massachusetts Medical Society in a suit against the GIC to halt the profiling. Our review and other actions related to tiering provided our state Ophthalmologists with information on how to respond to their annual profiling evaluations. A committee will be formed to establish criteria for profiling subspecialists.



Name: J. Bradley Randleman, MD
American Society of Cataract and Refractive Surgery
Leadership Development Program XI
Project Abstract

Title of Project: *Web-Based Learning Initiative for Young Physicians*

Purpose: To create a web-based interactive learning tool for young physicians focused on clinical areas that ASCRS members feel least prepared for upon completion of residency training.

Methods: First, surveys (in 2006 and 2008) were sent to ASCRS members and a listserv discussion was initiated in 2009 to identify areas of perceived deficiency in basic residency curriculum and areas of highest interest for young ASCRS members. Second, funding sources were identified. Third, vendors were evaluated to host the web-based interactive seminars.

Results: The surveys and list serve discussions identified the following areas of primary interest for young ASCRS members: 1) Refractive surgery (especially patient screening and complications management); 2) Management of intraocular surgical complications; 3) Incorporating premium intraocular lenses into your practice. Funding has been secured through competitive application to the ASCRS Foundation grants program. Two vendors have been identified and secured for the first two of planned quarterly web seminars, and the first web seminar has been scheduled for late fall.

Conclusion: This web-based interactive seminar will be the first offered by ASCRS and will create a new modality for resident and young physician education. This can expand the information available to graduates throughout the nation and provide a supplementary source of specific learning objectives in a manner that is flexible and responsive to the needs of those utilizing the service.



Scott T. Schaefer, MD
Minnesota Academy of Ophthalmology
Leadership Development Program XI
Project Abstract

Title of Project: *Minnesota Academy of Ophthalmology (MAO) Foundation*

Purpose: To organize a charitable foundation that would assist current and former MAO members in providing indigent care at home and abroad.

Methods: With the assistance of an attorney, Articles of Incorporation, tax-exempt status and bylaws were established. A board was elected and installed over the past year. We have been able to convene quarterly meetings.

Results: Over the past year, the foundation received \$13,000 in grants from individuals and corporate foundations. Additionally, we continue to search and apply for grants to help support and grow the foundation. We have made formal inquiries into current and future member needs in order to assist them in providing indigent care.

Conclusions: Organizing a foundation for a state society in an effective way to assist the members in charitable outreach.



Arthur J. Sit, SM, MD
American Glaucoma Society
Leadership Development Program XI
Project Abstract

Title of Project: *Understanding the Status of the American Glaucoma Society*

Purpose: To understand the characteristics and priorities of the membership of the American Glaucoma Society (AGS) in order to facilitate the development of organizational strategic plans for the next 5 to 10 years

Methods: *Data acquisition:* A Strategic Planning Survey was distributed to AGS members to assess perceptions about the role of AGS and future directions that should be taken. This project involved the analysis of data from the survey as well as the development of a Follow-Up Survey to answer specific information not captured in the original survey. This primarily included information concerning practice patterns and duration.

Data analysis: Using the existing membership database, a profile of the AGS was developed to assess membership distribution according to member category, geographic distribution, and duration of membership. Email addresses linked to individual responses from the surveys were used as unique keys to cross-reference multiple databases including the AGS membership database, the Strategic Planning Survey results, and the Follow-Up Survey results. Results of the Strategic Planning Survey and Follow-Up Survey were then analyzed to determine possible patterns in the responses based on membership category, geography, duration, and practice patterns.

Results:

As of the 2009 Annual Meeting, there were 685 AGS members, including 439 Active members, and 44.7% of members had joined AGS more than 10 years ago. Other member categories were Associate (3.6%), International (1.8%), Emeritus (4.7%), Provisional (17.7%) and Fellow (8.2%). Response rates for the surveys were 34.4% for the Strategic Planning Survey and 24.1% for the Follow-Up Survey.

Responses to the surveys indicate that members view education as the highest priority for the AGS. Other issues identified as important are patient advocacy and reimbursement issues. However, a significant diversity of opinion existed concerning the role of AGS in supporting research and education through the solicitation of industry funding. No major differences in the survey responses were noted based on the membership duration. Similarly, geography did not appear to influence the responses to the survey, with most regions providing similar importance ratings for each question. Some minor differences were noted for geographic regions with very few members responding.

Survey results suggest that AGS members see a high proportion of glaucoma patients. Among Active members, 75.5% of respondents reported that more than 75% of their practice was comprised of glaucoma patients. Practice types were split with 40% reporting academic, 44% private practice, and 16% combined academic and private practice. No significant differences in responses to the Strategic Planning survey (except concerning practice management issues) were evident between Active members in private practice vs academic centers.

Arthur J. Sit, SM, MD (cont'd)

Project: Understanding the Status of the American Glaucoma Society

Conclusions: The Strategic Planning Survey and Follow-Up Survey captured a broad cross-section of the AGS membership despite a relatively low response rate. No significant differences in responses were noted based on geography or membership duration suggesting that the results may be used for strategic planning purposes. However, the low response rate indicates a need to develop more effective tools for obtaining comprehensive member feedback in the future.



Name: Eric Suhler, MD
American Uveitis Society
Leadership Development Program XI
Project Abstract

Title of Project: *American Uveitis Society Membership Survey 2009*

Purpose: To survey the membership of the American Uveitis Society to better understand the demographics of the organization and how the organization can best meet the needs of its members in the future.

Method: Utilizing the SurveyMonkey website, the membership of the organization was surveyed using a structured questionnaire. Three requests for survey completion were sent to members between September and November 2009.

Results: 56 members completed part or all of the survey, comprising approximately 30% of the membership. Descriptive data was gathered on seniority (average duration of ophthalmic practice 18.5 years, range 1-40) and gender (55% male). Over 90% have completed a fellowship in uveitis with medical or surgical retina and cornea the most common other trainings, present in 39% and 26%. Over three-quarters of respondents practice in metropolitan areas with a population of greater than 1 million (43/53) and with a catchment of at least 3 million people (35/46) and most respondents (25/39) spend at least half their time in academic or governmental practice. 82%, 52%, and 50% assist in clinical training of ophthalmology residents, uveitis fellows, and medical students, respectively. There was a broad range of clinical, surgical, and procedural workload reported among respondents. Most respondents prescribe and manage “standard” immunosuppressives either independently or with other providers; comanagement was more common with the biologics. The majority of referrals seemed to come from ophthalmologists (80%), with approximately 10% from optometrists. Almost 90% of respondents reported being involved in research. When queried on methods to encourage young ophthalmologists to pursue uveitis training, most comments focused on improving exposure to uveitis role models via enhanced exposure during training and/or ensuring that all departments have uveitis subspecialists, with some suggestions to combine with surgical fellowships and other strategies to improve reimbursement. Members were fairly neutral on support given the AUS by the AAO (46% neutral, 28% partially positive) and more positive with regards to the services provided by the AUS to its members (70% definitely/partially positive). With regards to advocacy, over half are members of state societies of ophthalmology, but only about a quarter to a third contribute to commonly recognized ophthalmic advocacy organizations.

Conclusion: The data gathered in this study provide a rich database with regards to the membership of the AUS, though generalizability is limited by the low response rate. Most members are academically inclined, involved in teaching and research, and live in larger metropolitan areas. While they are satisfied with their career choice, they cite financial, logistical, and material obstacles to optimal practice satisfaction. Despite this, no respondent reported regretting pursuing uveitis training. Greatest concerns cited for the future were declining support for clinical care and research, with insufficient departmental support and optometric scope lesser concerns.



Linda M. Tsai, MD
Missouri Society of Eye Physicians and Surgeons
Leadership Development Program XI
Project Abstract

Title of Project: *Analyzing the Political Landscape of Missouri and Improving the Exposure of MoSEPS (Missouri Society of Eye Physicians and Surgeons) to the State Legislators*

Purpose: To analyze the representation of eye MDs and ODs in the current political climate of Missouri; to increase the exposure of MOSEPS to the state legislators while improving the current annual Capitol Eye Screening program; and to encourage eye health awareness and exams of legislators and their staff through the resources of MOSEPS

Methods: A database was compiled of current Senate and House legislators along with their contact information, including email addresses. Then, a list of all licensed eye MDs and ODs in the state of Missouri was made. The Missouri House and Senate districts were broken down to note the current representation of eye MDs and ODs per district.

An email was sent to all the legislators with the following sections: 1) A survey to evaluate attendance at the Eye Screening, assess awareness of the EyeCare America program, to assess the number of legislator with personal eye care providers. An offer was made to have MOSEPS help establish eye health exams. 2) Bullet points about the newest advances in eye health care offering MOSEPS as a reference source. 3) Attachment of our current MOSEPS newsletter with a section highlighting the accomplishments of our MOSEPS membership. This email is planned to be a yearly follow-up to our annual Eye Screening program as further exposure of the MOSEPS organization to the State Legislators.

Results: Evaluation of the data collected regarding eye MD and OD presence in Missouri yielded the following results:

- There were significantly more licensed ODs (#861) than eye MDs (#274) in the state of Missouri. Of the eye MDs, only 62.5% were currently members of MOSEPS.
- Regarding coverage of the 34 Senate districts
 - 97% of the districts have greater than 10 ODs as opposed to only 29% of the districts having greater than 10 eye MDs.
 - 11% of the Senate districts have no eye MD representation (versus 0% of the districts with no ODs).
 - Only 2 of the Senate districts have more eye MDs than ODs (6%).
- Analysis of the 163 House districts was as follows
 - 17% versus 5% of the districts having greater than 10 ODs versus eye MDs.
 - 60% of the House districts have no eye MD representation (versus 8% of the districts having no ODs).
 - Only 9 of the House districts have more eye MDs than ODs (5.5%).

Linda M. Tsai, MD (cont'd)

Project: Analyzing the Political Landscape of Missouri and Improving the Exposure of MOSEPS (Missouri Society of Eye Physicians and Surgeons) to the State Legislators

Results of the email survey regarding attendance of the legislators at the Eye Screening day and the success rate of “matching” local eye MDs to a legislator are pending.

Conclusions: There are definite challenges to building relationships with legislators. Eye MD presence is significantly lower than ODs. Planning to increase membership and to have members become more active, particularly focusing on districts with greater eye MD presence and encourage eye MDs in smaller districts to be a MOSEPS advocate. A state moratorium on scope of practice legislation ends in 2010 and much preparation is needed. An unexpected result of this project was the creation of excitement within the Board toward outreach ideas to the legislators and the membership. Plans are to continue yearly emails as a follow up to the annual Eye Screening program.



Tamara R. Vrabec, MD
Retina Society
Leadership Development Program XI

Title of Project: *Clinical Research in United States Ophthalmology Residency Programs*

Purpose: To determine the current expectations for clinical research and the amount of systematic instruction in research provided for United States (US) ophthalmology residents. In addition, the perceived benefit of a designed, structured curriculum to teach basic research skills to ophthalmology residents was assessed.

Methods: Electronic survey of US ophthalmology residency program directors

Results: A total of 115 surveys were sent to all US ophthalmology residency program directors through the Association of University Professors in Ophthalmology (AUPO) listserv and 42 responses (36.5%) were received. Among respondents, 18 of 21 questions were answered by all; there were 41 responses for 3/21 questions. Characteristics of programs included size >4 residents/year (69%), associated subspecialty fellows (78.6%), associated medical school on campus (85.7%) and designated Research Director (54.8%). At least one funded faculty member was present in 97.5% of programs. Research (at least one project per resident per residency) was required by 88.1%, and in 28.6%, more than one project was required. Submission of the research for peer review was required by 28.5% of programs.

Nine topics in research education surveyed included use of library resources, internet search tools, research design, grant writing, IRB submission process, data collection and statistical analysis, manuscript preparation, manuscript submission and publication process and public speaking. Nineteen percent of programs had no lectures in any of these topics, 54.8% had lectures in 1-3 topics and 23.8% covered 4-6 topics. In most cases these included research design, data analysis, IRB submission and public speaking. Twenty six percent of programs had dedicated curriculum in research and 71.4% of Residency Directors believed a formal research curriculum would benefit their program.

Conclusions: The results of this survey suggest that while research is expected and in most cases required of the ophthalmology resident, a research curriculum is not currently provided by the majority of US ophthalmology residency programs. Most ophthalmology residency program directors believed a formal research curriculum would benefit their program. Options may include establishing a more formalized didactic curriculum, or web-based resource for research education.



Alan L. Wagner, MD, FACS
Virginia Society of Ophthalmology
Leadership Development Program XI
Project Abstract

Title of Project: *Clarification, Consolidation and Coordination of Virginia Society of Ophthalmology's Structure and Legislative Efforts with Virginia Medical Groups.*

Purpose: To evolve the structure of the Virginia Society of Ophthalmology, VSO, to best leverage its intrinsic and community based resources to accomplish its legislative, educational, and community responsibilities.

Method: Through a comprehensive review and discussion of the current political and financial climate by the BOD, it was determined that **1.** blurring of our identity had been accomplished by outside groups to our detriment, and to the safety of the Commonwealth, **2.** the VSO needed to work in concert with other state medical groups to bring forward the importance of Surgery by Surgeons, and **3.** corporate support and physicians' dollars were becoming more difficult to raise for meetings and educational efforts.

Results:

1. Re-establish clarity of identity:

Clarify the identity of the VSO to the public and through improvement in wording in the Virginia Code (see #2). The name of the Virginia Society of Ophthalmology was formally changed at the June annual meeting to the Virginia Society of Eye Physicians and Surgeons (VSEPS).

2. Surgery by Surgeons:

Successfully present to the Medical Society of Virginia's Legislative Action Committee the importance of "Surgery by Surgeons" resulting in a formal action to support a bill to the Virginia legislature clarifying the definitions of "surgery" and "surgeon". "Physician" has been adequately defined in the recent past.

3. Maximize dollars available for political action and education:

A new not-for-profit 501c3 VSEPS directed foundation was established to support the formal educational and community outreach activities of the VSEPS including funding part of the the annual meeting by allowing tax advantaged donations to the society.

Conclusion: By clearly defining critical pathway opportunities, the Virginia Society of Eye Physicians and Surgeons has been able to build upon existing structure and relationships to be proactive in further protecting the safety of the citizens of the Commonwealth, and provide a new revenue pathway in response to the changing pharma and ethical guidelines.