



COUNCIL STATE SECTION MEETING
Saturday, April 13, 2019
8:00 am – 9:15 am
Renaissance Downtown, Grand Ballroom

Section Leader & Council Chair:
Deputy Section Leader:

Lynn K. Gordon, MD, PhD
Thomas A. Graul, MD

I. Welcome and Review of Agenda

- Dr. Gordon welcomed the attendees
- Dr. Thomas A. Graul, was introduced as the 2019 Deputy Section Leader
- The Fall 2018 meeting minutes were approved

II. State Society Best Practices – Public Service Efforts

A. Leader Dogs for the Blind

Anne M. Nachazel, MD – Councilor Emeritus, Michigan Society of Eye Physicians and Surgeons

Dr. Nachazel expressed her appreciation for the opportunity to talk about one of the Michigan Society of Eye Physicians and Surgeons (MiSEPS) public service partners, Leader Dogs for the Blind (LDB.) LDB is one of only 12 guide dog facilities in the U.S. In addition to other support that MiSEPS gives to LDB, they try to raise awareness of what LDB does at a regional and national level.

We all know that blindness changes nearly everything. For people who are blind or visually impaired, the loss of sight is only the beginning of a life-changing reality. As the simplest to the most complex everyday tasks become daunting, these individuals often become depressed, anxious and isolated. And the number of people who are blind or visually impaired is growing every year.

The statistics are staggering:

- 285 million people are visually impaired worldwide
- Here, in the United States, 1.3 million people are legally blind
- This year alone, 75,000 more people will become blind or visually impaired

It is not just the sheer number of people who are blind that needs attention. It's the impact that loss of sight has on their lives. Worldwide, 90% are classified as low income. In the US, 60% are unemployed and many more are underemployed. 43% report bouts of depression. Sadly only 10% of people who are blind or visually impaired travel independently with a white cane or guide dog.

But for people who lose their sight, even though their life is forever altered, it isn't over.

- At Leader Dog, their mission is to empower people who are blind, visually impaired or Deaf Blind with the lifelong skills for safe and independent daily travel. They've been doing this for nearly

80 years. While the focus is on independence and mobility, we know that the effects reach much farther than that.

- LDB was founded in 1939 by three Detroit-Area Lions Clubs members. In true Lion's fashion, these Lions saw a need and they sought to address it.
- All of their programs and services are provided 100% free of charge.

These programs include:

- Guide Dog Training
 - 25-day Training
 - Deaf-Blind Program
- White Cane Training
 - 5-day Training
 - Orientation & Mobility Skills
- Summer Experience Camp
 - 16-17 years old
 - Leadership Training
 - Return in subsequent years as camp counselors

Client Requirements: White Cane

- Be legally blind
- At least 16 years of age
- Able to walk without a walker
- Able to devote one week for training

Client Requirements: Guide Dog

- Be legally blind
 - At least 16 years of age
 - Good white cane skills
 - Able to care for a dog (physically and financially)
 - Able to walk without a walker
 - Able to devote three weeks for training
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- Currently there are 500 people in 21 states raising future Leader Dogs. These volunteer puppy raisers take home a 7-8 week old puppy and keep it for approximately 12 months. These puppy raisers are in charge of teaching our future Leader Dogs basic obedience and socialization skills. These volunteers raise these puppies on their own dime and on their own time.
 - They work with three breeds: Labrador retrievers, golden retrievers and German shepherds. Have their own breeding stock of approximately 100 dogs who live in volunteer host homes and they return home to their host families to give birth to their litter. Puppies are returned to LDB at 7 weeks of age.
 - Prison Puppies: initiative in which inmates raise future Leader Dogs. They partner with correctional facilities in 3 states and have found this partnership to be a win-win-win for LDB, the dogs and the inmates. Prison Puppies has been hugely successful.
 - They are always looking for puppy raisers and breeding stock hosts.

Dr. Nachazel stated that MiSEPS is proud to partner with Leader Dogs for the Blind and supports what they do. She hopes you will consider LDB or other guide dog programs for your patients who are significantly impacted by vision impairment. Dr. Nachazel provided contact information for Leader Dogs for the Blind, as well as for MiSEPS.

Leader Dogs for the Blind
888.777.5332
leaderdog@leaderdog.org
www.leaderdog.org

Michigan Society of Eye Physicians & Surgeons (MiSEPS)
313.823.1000
admin@miseps.org

B. Play Hard. Don't Blink

W. Walker Motley, MD – Councilor, Ohio Ophthalmological Society

Dr. Motley is the current Councilor and Past President of the Ohio Ophthalmological Society, In 1999, long before he served the society, the state of Ohio began the "Save our Sight Program," overseen by the Ohio Department of Health. The fund was financially supported by a \$1.00 optional contribution when residents renewed their drivers license. The Ohio Ophthalmological Society (OOS) applied for grants from that program and began their program, "Play Hard. Don't Blink."

The goal of the program is to prevent sports-related eye injuries. As most sports-related eye injuries are preventable with proper equipment, they knew they could make a difference.

How they accomplished this:

Educate

- Partner with middle and high school coaches and student-athletes.
 - In-person visits
 - Website <http://www.playhardgear.com/>
 - Print brochures
 - Online videos
- News media
 - Print and TV

Provide Free Equipment:

- Get the equipment in their hands. Know how to use and maintain it
- Videos show proper use and value
- Batter helmets with face masks for youth Baseball and Softball leagues
- Fielders' masks for youth Softball leagues.
- Nonprescription sports goggles for youth Soccer and Basketball leagues
- Prescription goggles for student-athletes from lower-income families

In the first year, the OOS was given a grant of \$300,000. Today, they are receiving over \$675,000 to fund their program.

What's the impact?

Equipment donated through Play Hard. Don't Blink:

- Helmets (2000-2018)
 - Boy's: 71,282; Girl's: 47,918
- Fielder's Masks (2009-2018)
 - 92,040 donated, 23,010 teams benefited, 345,150 players impacted
- Non-Prescription Goggles (2010-2018)
 - 1,947 goggles distributed
- Prescription Goggles (2010-2018)
 - 8,868 goggles donated
- Vocational Goggles (high school vocational programs such as welding, machine shop)
 - 81,248 goggles donated, over 300 classrooms impacted

Comments:

- Children "feel more confident" and "less afraid of getting hurt."
- Parents have "peace of mind." It's not just eye-related, consider the concussion protection!

Image/behavior:

- Change the perception of what an athlete looks like playing baseball, basketball and soccer.
- Instill a behavior that is safer for their vision in the long run

III. Section Elections

Deputy Section Leader Thomas A. Graul, MD and Council Chair Lynn K. Gordon, MD, PhD, conducted the elections in the state section for the following Council leadership positions:

- Council Vice Chair (Jan 1, 2020 – December 31, 2021)
- Deputy Section Leader for 2020
- Section Representative to Academy Nominating Committee for 2020
- Section Nominating Committee for 2020

Dr. Gordon announced the section election results for the position of 2020-2021 Council Vice Chair. Alan L. Wagner, MD, FACS and Thomas A. Graul, MD were announced as the winners in the section election and would move forward in the final election for this position with voting by the full Council during the Council general session which would directly follow this section meeting.

Note: The election results for all contested positions were announced later in the Council general session:

- Council Vice Chair (Jan 1, 2020 – December 31, 2021) Thomas A. Graul, MD (Nebraska Academy of Eye Physicians and Surgeons)
- Deputy Section Leader for 2020: Linda M. Tsai, MD (Missouri Society of Eye Physicians and Surgeons)
- Section Representative to Academy Nominating Committee for 2020: Lee A. Snyder (Maryland Society of Eye Physicians and Surgeons)
- Section Nominating Committee:
 - Vineet N. Batra, MD (California Academy of Eye Physicians and Surgeons)
 - Edward S. Lim, MD (Connecticut Society of Eye Physicians)

- Paul D. Weishaar, MD (Kentucky Academy of Eye Physicians and Surgeons)
- Jeffrey D. Young, MD (Vermont Ophthalmological Society)

IV. New Approaches and Outcomes for State Affairs

Kurt F. Heitman, MD – Secretary for State Affairs, AAO

As a past Councilor and President of the South Carolina Society of Ophthalmology, Dr. Heitman expressed his appreciation for what the Councilors do, and the importance of their role.

Each year he comes to this meeting with a map of the U.S, and each year it's filled in differently, but identifies current battles as well as possible battles. Over the course of 21 years, State Affairs has been involved in hundreds of legislative battles in nearly the entire country. In the past we've seen 2 to 3 battles a year, and now we have about 15 a year. Here is a summary of where we stand today:

- Currently, there are eight states with varying degrees of optometric surgical authority, and four states allow for scalpel, laser and injections: Oklahoma, Kentucky, and Louisiana, and most recently Arkansas.
- Alaska: 2017 law gave OD board full authority to define scope. We expect them to move on this soon.
- Tennessee and New Mexico are high value markets. Currently allow for scalpel eyelid surgery and injections. But we are warning Tennessee ophthalmologists right now – they're coming after lasers next, and most likely they've already begun their legislative outreach for next year.
- Iowa: Scalpel eyelid surgery with topical anesthesia only – but they are aggressively going after injectable anesthesia to widen their range of lid surgeries

State Affairs is very busy! They're keeping in touch with state society leaders across the country and developing their "threat list of states." They are currently fighting more than a dozen battles. Some political sessions last longer than others, so we could still see more states in red on the map. We've won two state battles and are trending very positively in four states. They are stretched very thin, especially with Surgical Support Funding which is the lifeblood of their effort. This is the first year they've had to ration their funding, they just don't have enough.

When we do win, why are we successful?

- Fully engaged society leadership
- Dedicated M.D.s
- Active Support from State Medical Society
- Strong and Strategic Political Fundraising
- Top Shelf Lobbying/Consulting Teams
- Effective and Disciplined Strategy
- Close Coordination with State Govt. Affairs
- Surgical Scope Fund (SSF) Resources!!!

It's not a turf battle, it's a house of medicine battle. We are aligned with state medical societies. We cannot match the ODs at the state level for funding, but we can be very strategic and find our champions that can stop bills. We employ top-shelf lobbyists – this is where the SSF comes into play. If a state society does not have a strong lobbyist State Affairs will bring one in. They also bring in a strong, effective and disciplined strategy. They keep everyone on the same page. Every state is different as all politics are local. State society leaders, executive directors and lobbyists from your state know best what

the political landscape is. State Affairs can bring effective strategies including social media, media targets and more. They of course work closely together with you.

When we lose, why weren't we successful?

- Disengaged society leadership
- Poor grassroots
- Anemic political fundraising
- Being an unknown political quantity
- No powerful legislative champions
- Pushing to "compromise" instead of fighting
- Resisting SGA strategic consultation

Not every issue comes into play, but poor grassroots is the number one reason. The ODs do this very well, we don't. Grassroots means our membership is engaged with their senator or representative. They've met, they know each other. They become a trusted advisor, and they contribute to them. We cannot win these battles without "boots on the ground."

What are our effective strategies?

- Something Old:
 - Shoe-leather politics
 - "Boots on the ground" We can't win without this!
- Something New:
 - Innovative social media strategies

Our Social Media Strategy:

Goal

- Drive advocacy letters to State Legislators

Strategy

- Deliver motivational advocacy messaging to the public
- Micro-targeting to state specific audiences

Objectives

- Targeting users through Facebook, Google
- One click to the state landing page
- Message directly to State Legislators

For the first time State Affairs employed a nationwide platform for social media. Though costly, considering the number of states with battles, this has proved to be cost effective. They can simply 'plug and play' for each state. The goal is to drive advocacy letters to state legislators from their constituents. They deliver motivational advocacy messaging. They micro-target to specific states and even specific districts. For example, two years ago in North Carolina we used this technique and we delivered 5,000 letters and phone calls in just three weeks to specific representatives on the Health Committee that were voting against us. It proved to be very effective and powerful.

Motivational Messaging

- Meet Charlotte – See what happens when a patient travels 6 hours, past 80 ophthalmologists, to go to an optometrist in another state to have YAG laser vitreolysis (as encouraged by her

optometrist) – and her lens was ruined during the process. Dr. Heitman presented a brief clip of the video. Use this link to view the video.

- <https://www.safesurgerycoalition.org/>

Another technique employed is a cartoon approach. This was used in Maryland <https://www.safesurgerycoalition.org/maryland/>

- By running paid posts (as FB ads), we can ensure our messaging is filtered solely into the timelines of FB users in that specific state.
- How effective is a cartoon?

Sample: Maryland

In 2 weeks this one post generated:

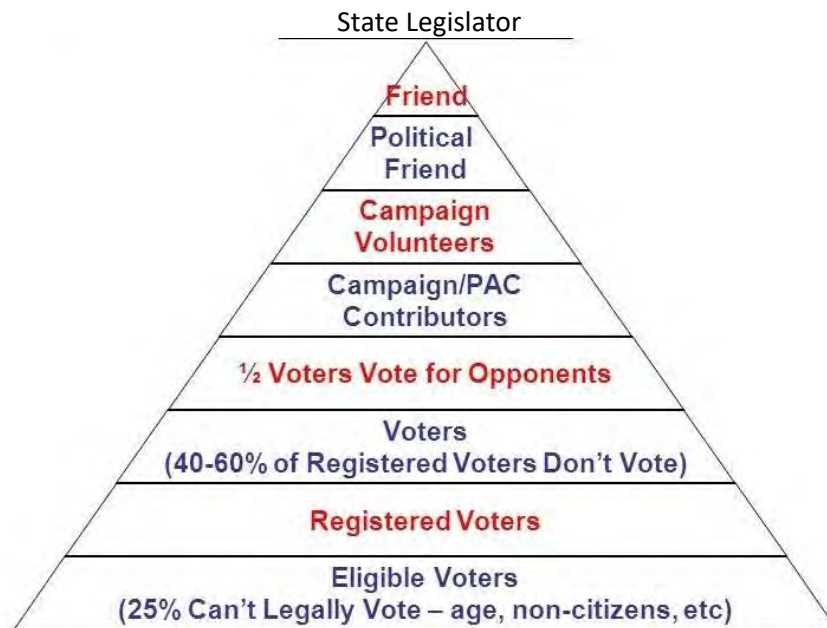
Impressions: 61,326

Reach: 24,669

Link Clicks to Landing Page: 1,182

**Clicks to the landing page translated into roughly 330 letters to state legislators.*

No type of messaging can replace the relationship with your legislators. How legislators view relationships:



Where are you in this pyramid? Have you met them, do they know you? Do you make contributions? The ODs are very close to the top of this pyramid. The ODs have their ears and the ability to whisper things such as “We’re qualified, we’re trained. It’s only the state law that prevents us from doing this.”

- Nothing can replace the effectiveness as traditional “boots on the ground” grassroots.
- To succeed in our advocacy goals of protecting patient safety, our members MUST build and MAINTAIN relationships with their state legislators.

What happens when the ODs get there first?

- The differences in training doesn't matter – "they're trained enough"
- Data doesn't matter – "Well, M.D.s screw up too"
- Real patient cases don't matter "well that was just one or two out of 70,000"
- Facts don't matter – for every misleading OD argument you debunk with facts, they'll just come up with new "alternative facts" until they accuse you of beating a dead horse.
- Why? Because the ODs made the relationships and the financial investments needed to secure political capitol

Where are we? Are we ready and prepared? States that have not had a battle such as Ohio, New Hampshire, the Dakotas, New Jersey – get ready. The ODs are desperate. Online technology is taking away their bread and butter. Get your society organized. Meet with your legislators. Stand up for patient rights. Contribute to the Surgical Scope Fund, have your society contribute to the Surgical Scope Fund.

Stand up for surgery by surgeons

- Are you committed to:
 - Surgical standards
 - Patient safety
- Commitment requires:
 - MD contributions to the Surgical Scope Fund

One Profession – One Voice!

We need everyone to stand up. To advocate means to give a voice to someone who doesn't have a voice, and that's our patients.

V. Building Legislative Relationships – W. K. Kellogg Eye Center Tour

Maura Campbell, Executive Director, Michigan Society of Eye Physicians and Surgeons

Maura Campbell has been the Executive Director of the Michigan Academy of Eye Physicians and Surgeons (MiSEPS) since last June. She has a strong political background and has worked for three governors.

Due to the vast size of the state, it's not easy to unify the state. As we talk about building relationships with patients, and how to talk to each other, she sees the symbol of building bridges as a powerful symbol. It can take a long time to build a bridge (relationship) and very little to destroy it. The MiSEPS chose the Mackinac bridge for their logo.

Though they haven't had a scope battle, they know it's coming. This year most of the legislature is new, with a new Governor and 60% turnover. That's viewed as an opportunity because they don't know what the optometrists have been doing, and everyone is new to a them.

The MiSEPS society has been active with their legislators for years. They bring their residents in training to Lansing, and some doctors go two times a year. Last September they visited and brought some fabulous residents. One resident who was an Advocacy Ambassador at Mid-Year Forum that year was amazingly effective. She could relate with whoever she was talking with. They were scheduled to meet with Representative Julie Calley in her office, and then they suddenly called a vote, so we everyone had

to stand in a corridor and wait for her to come out. Dr. Paul Edwards (MiSEPS incoming President) was there, and two Residents. Rep. Calley was the only Representative who looked directly in the Resident's eyes. After she listened to the resident's talking points she asked, "Why do you want to be an ophthalmologist?" Her story was so personable. Rep. Calley listened and nodded, and said, "I'll be back with you." The next week she called the MiSEPS lobbyist and said, "I want to sponsor your early drop refill bill."

MiSEPS is not an early adaptor of the early drop refill bill, but now Texas and Michigan both have bills supporting this. MiSEPS has a bill drafted and expects it to pass in this legislative session - and hopes next fall to introduce a tinted window bill.

Why is this important, and how does it related to the bridges? The early drop refill bill can be supported by the optometrists, just the same for tinted windows. Maura stated that she is a big believer in bridges. Having worked for very diverse people including the former Mayor of Michigan. Mayor Hollister had a saying, "Collaboration is an unnatural act practiced by non-consenting adults, nearly impossible to do but absolutely crucial." His point was that legislators are advocates for positions, but leaders have to have a vision that connects people to a mission or a purpose. MiSEPS is going to do that, and that's a bridge. Maura also Learned to "not go negative." Don't give the reasons why they shouldn't do something, but why they should. She's also a big believer in storytelling. We need more "Charlottes." Stories are important: what assets do you have that those who are opposing you don't have? Go from how you can define yourself in a way they can't define you. Don't be negative against them but be positive and build you up – build that bridge when you talk to your legislators, your patients, your family and friends.

One of the most powerful things in Michigan is the block M. It is one of the most recognized brands in the world and one of the most recognized brands in education. It's also home to the Kellogg Eye Center- where every single ophthalmologist at the University of Michigan is a member of their state society. It's a huge asset for them and the optometrists in our state don't have the Kellogg Eye Center and they don't have that as an asset that they can use like ophthalmologists do.

What MiSEPS wanted to do was leverage the Kellogg Eye Center when they invited Rep. Julie Calley and her staff to the University. They spent the afternoon there and had a full tour. They heard of all the incredible research and cutting-edge work that's going on there – along with the stories that went with it. The kinds of things that people are being treated for and what the future is looking like in terms of research. Things that ophthalmologists are doing, but the optometrists are not. Every single doctor talked about why ophthalmology is not optometry and the importance of having medically led eye care.

During the visit, one of the staff, Jeremy, admitted that he has early glaucoma that runs in his family but he was too afraid to get his pressures checked. At the end of the visit, Dr. Lee kindly suggested that he walk Jeremy downstairs to get his pressures checked. It was a wonderful way to end the visit by building more bridges.

VI. Adjournment

Dr. Gordon adjourned the meeting at 9:15am ET.