

## Opinion

# Not Allowed to Volunteer? Now You Can!

This year is the 25th anniversary of EyeCare America (ECA), the largest, longest-running public service program of its kind in American medicine. As a fellow or member of the Academy, you should feel justifiably proud of what your profession has accomplished: over one million people served, and still counting. Many of those people have received sight-restoring surgery that they could not have afforded without ECA's help.

The core of ECA's success is the volunteer base of 7,000 ophthalmologists who agree to see referrals from ECA at no out-of-pocket expense to the patient. Why, you might ask, is this number not the entire U.S. membership of the Academy? Not for any lack of commitment to public service, it turns out. Rather, it is usually the practice situation that prevents Eye M.D.s from seeing ECA patients. For example, Veterans Affairs, Department of Defense and HMO ophthalmologists cannot see patients ineligible for their respective systems. Many Academy members are retired from clinical practice. Subspecialists such as pediatric ophthalmologists cannot see a full spectrum of referred patients. And, finally, and most vexatiously, many academic medical centers will not permit faculty to waive copays and deductibles, even though they are allowed to do so by Medicare for ECA-referred patients.

Therein, we have a problem. When we spread the news about ECA's suc-

cess during this 25th anniversary, we'd like to be able to say that the vast majority of Academy members volunteer for ECA and not have to explain why practice profiles prevent participation. So that is why we are starting to offer ECA volunteer opportunities for those ophthalmologists who cannot see patients under the program. It turns out that running a successful public service program requires a lot more resources than volunteers who see patients. First and foremost, letting the public know about ECA is essential to direct needy patients our way. Second, informing legislators and community leaders about ECA does wonders to improve our profession's image: We really do care about issues other than reimbursement and scope of practice. Finally, giving away care costs money: publicity, telephone operators, technology infrastructure, staff. Thanks to generous long-term support from our partners, the Knights Templar Eye Foundation, we've covered some of those costs.

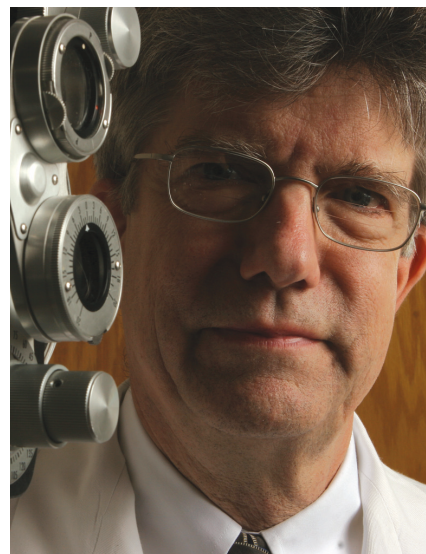
So, if you are one of those ophthalmologists who can't see patients referred by ECA, now you can volunteer for one or more of these activities:

1. Send letters to the editor of your local publications, or press releases to local media (ECA provides templates);
2. Distribute glaucoma risk factor cards and ECA program brochures in your office waiting room;
3. Send letters to your local legislators

extolling the virtues of the program (ECA can provide statistics relevant to the constituency);

4. Speak on behalf of ECA at your local service club, hospital grand rounds or other venues (ECA has PowerPoint presentations for your use);
5. Recruit colleagues to volunteer;
6. Display Tribute for Sight brochures in your office so patients and their families can make a donation in your honor;
7. Give money yourself.

Download a form to volunteer at [www.eyecareamerica.org](http://www.eyecareamerica.org) (Choose the "Partners & Volunteers" link, then the "Volunteer Promotional Opportunities" button). Click and be counted.



RICHARD P. MILLS, MD, MPH  
CHIEF MEDICAL EDITOR, EYENET