

**Robert W. Bentley, MD**  
**Oregon Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Website for Vision Correction Surgery: Building a Positive Relationship with the Oregon Optometric Physicians Association*

**Purpose:** Thanks to the quick thinking Oregon Academy of Ophthalmology (OAO) administrative staff, the OAO placed an informational listing in the Portland Yellow Pages section on vision correction surgery (VCS). This has led to a large volume of calls for objective answers to VCS questions, and a web site to post information with an EyeMD perspective, and links elsewhere as appropriate, was suggested. It was hoped this would reduce some of the phone call burden to the staff, and act as an information resource to counter some of the hyperbole in refractive surgery marketing. The second goal was to improve the very distant relationship the OAO has with the Oregon Optometric Physicians Association (OOPA). It was hoped we could work collaboratively on some win-win issues the legislature would be happy to support, would advance public health care, and reduce some of the suspicion the professional associations have of each other.

**Methods/Results:** The objectives fell into disarray rather quickly when the OOPA worked to introduce a comprehensive pharmaceutical bill which would have allowed unrestricted prescription privileges to optometrists for all drugs, including (they thought) schedule I and II narcotics (!). The limited OAO resources were redirected to fight this legislative proposal. After some initial schism within the ophthalmic community, a united front was presented to the legislative committee considering this proposal. Despite heavy support for the bill by almost all of the committee members, the OAO members were able to convince the committee the legislation could seriously compromise public health. A different bill was passed which authorized a committee to the Board of Medical Examiners to determine what oral drugs may be appropriate for optometric prescribing. Currently, the web site is under development as the legislature has adjourned, and I will be meeting with the president of the OOPA in October.

**Conclusion:** Your plans can be undone quickly when a legislative bombshell strikes! It remains to be seen if working with the optometric association will yield constructive public health initiatives. With the current economic conditions, the volume/requests for information on VCS have materially reduced.

**Abdhish R. Bhavsar, MD**  
**Minnesota Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *The Creation of a Cyber Community of State Societies*

**Purpose:** To link all of the state ophthalmology societies and committees together into a cyber community.

**Methods:** This project will be organized around the new portal platform put in place by Michel Kohon, Chief Information Officer of the AAO and his new Informatics group.

The portal will be used amongst other things to create an online community that will link all of the state societies together. All the societies will be able to use the resources of the network as well as contribute content to the network. Small community fora will be created using a simple admin tool. This will allow the formation of communities consisting of the officers, presidents, and committees of the state societies.

The Academy is putting in place a technology platform that allows all societies to participate in a network to create an accessible, available and comprehensive body of ophthalmic knowledge.

Sources of knowledge, such as information, training, news, tools, services, product information, clinical trials, evidence based medicine come from many sources. The **AAOrbit** product that the Academy is offering as a technology platform is based on the latest techniques for document gathering, organization and publishing allowing the creation of a strong network that will benefit medicine and world health care.

The three clear and immediate benefits that **AAOrbit** offers are:

**AAOrbit** offers the ability to attain significant economies of scale by pulling together technology, services and applications under one platform.

**AAOrbit** offers the ability for each community to create, syndicate and obtain new content, increasing value for both members and community.

**AAOrbit** offers the ability for each community to retain its identity, language and unique nature.

**Abdhis R. Bhavsar, MD**

*Project: The Creation of a Cyber Community of State Societies (cont'd)*

**Results:** We hypothesize that these cyber communities that will connect the state societies will enhance communication between the societies. It will also change dramatically the way we accomplish tasks and share information at the level of the state societies.

**Conclusion:** The Internet is about creating networks out of networks. Its power is in connecting bodies of knowledge such as societies, doctors, industries, studies and news. Linking all state societies into that network in an efficient and economically viable structure is the first step toward gathering, aggregating and distributing knowledge.

**Andrew F. Calman, MD, PhD**  
**California Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *A Web-Based Third Party Payer Information Center*

**Purpose:** To facilitate the free dissemination of information and expertise among Third Party Payer Liaison Committees of all 50 state organizations and the Academy, which currently pursue their activities in a fragmented and often uncoordinated manner.

**Methods:** Development of a series of linked Internet web pages on the Academy website.

**Results:** A series of Internet-based web pages has been designed to facilitate the coordination of activity among Third Party Payer Liaison Committees of the 50 state societies and the Academy.

The site will feature:

1. Public pages with links to the websites of the CMS (formerly HCFA) and the Medicaid intermediaries of each state, and e-mail links to the Third Party Payer Liaison Committee of each state, to enable AAO and state society members to contact their committee members for help with problems with coding and reimbursement.
2. Private pages with articles describing upcoming issues and ongoing negotiations in the field of coding and reimbursement, and a private bulletin board for Committee members to share experiences, expertise and advice for dealing with Medicare and other payers. These pages will be accessible by Third Party Payer Committee members, and selected Academy and state society officers and staff.

**Conclusion:** The Internet will enable our organizations to function as a unified, well-informed coalition in the face of constant, often confusing challenges from local Medicare carriers and other payers.

**C. Barry Dabbs, MD**  
**Alabama Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Dissension In the Ranks*

**Purpose:** A previous Leadership Development Program Project (1) determined the cost and perceived lack of value rated as the most common reasons for not joining the respective ophthalmic state society. The Alabama Academy of Ophthalmology dues are the highest in the nation and communication efforts with member and non-member Ophthalmologists within the state in the past have been suboptimal. This project will feature several initiatives designed to emphasize the value of Membership in the Alabama Academy of Ophthalmology state society as well as to implement a fiscally viable plan for a gradual reduction of annual dues. The ultimate goal is to achieve a stronger, more united state society with increased political advocacy, better educational programs, improved communications, all designed with the end product of better serving the visual needs of the citizens of Alabama.

**Methods:** Regional Dinner meetings will be held with local area Eye M.D.s throughout the state. The Alabama Eye and Tissue Bank will sponsor these meetings. The Eye Bank will provide funds for dinners in exchange for the opportunity to offer a brief educational/promotional statement. The President, Executive Director and AEB officials would be expected to attend. A forum for presenting a 15-20 minute presentation discussing the advantages of state society membership will be achieved. Approximately 7 regional meetings will be held within one quarter. Topics to be addressed include the state society's efforts in regards to: Organization, Accountability, Political Advocacy, Third Party Relations, and Education.

**Results:** To date 3 of a planned 7 Regional Meetings have occurred. (All 7 will be completed by the time of the AAO Annual Meeting.) The initial reaction has been very positive from both members and non-members. Preliminary results indicate a high rate of conversion of non-members to membership status. Current estimates are that approximately 50% of active Ophthalmologists within the state will have attended a Regional Meeting this year.

**Conclusion:** Information is a key commodity and of utmost value to all professions in the 21<sup>st</sup> century. However, as a profession, Ophthalmologists are subjected to a deluge of information each day to such an extent that often it is not possible to review every piece of correspondence received. Therefore, it is understandable that written communication efforts by a state society to

**C. Barry Dabbs, MD**

*Project: Dissension In the Ranks (cont'd)*

its member and non-members can sometimes be overlooked, ignored, or vaporizes after being placed in a “to-do pile”. This research project attempts to create a process in which communication efforts can be delivered in a relaxed atmosphere free of distractions in areas conveniently accessible to Ophthalmologists throughout the state. The initial success has been encouraging and the concept will likely be incorporated into an annual event for the ALAO.

**Manuel F. Del Toro, MD**  
**Puerto Rico Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *New Logo & Website for the Puerto Rico Ophthalmological Society*

**Purpose:** To create a new logo and Web site for the launching of a public relations campaign.

**Methods:** The logo is a very powerful tool and the very essence of an organization. With this in mind, we created a new, professionally designed logo with a more modern look. We started using it on our stationary, public service announcements and in our newly designed Web site. We have built the foundation of an on an Internet site that includes a great domain name (saludvisual.org), a mission statement and a membership directory. We are also providing reliable Internet information on eye care in Spanish for our general public.

**Results:** So far, in addition to attracting business by selling ad links, it has enhanced our organization's identity. The website has increased the enthusiasm with our senior members, has increased the number of physicians on-line and has improved our active role recruits. We hope to increase public awareness of what it means to be a member of our state society and educate the public on selected eye care issues.

**Conclusion:** The public relations campaign with the Website and our new logo has been a success. We have begun selling ad links to various pharmaceutical companies and we hope to improve the web site design and its interactive features as the revenues are generated. The campaign has also helped create public awareness of our state society's ophthalmologists as the premier professionals in eye care in Puerto Rico.

**David J. Gajda, MD**  
**Wyoming Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Telemedicine in Ophthalmology in Wyoming*

**Purpose:** Wyoming is a very rural state. This low population makes it impractical to have medical specialists position themselves uniformly across the state. This is no more evident than in ophthalmology. Large pockets of the state have no easy access to an ophthalmologist.

These factors combine to make Wyoming an ideal candidate for some form of telemedicine. Unfortunately, the same characteristics raise many obstacles. The infrastructure required for such an endeavor, if it involves dedicated connections is very expensive, especially in an area with low population density.

The very visual nature of ophthalmology requires high resolution images. Confidentiality issues require some form of coding or security if undedicated lines, such as phone, cable, or Internet are to be employed.

**Methods:** An attempt was made to develop a workable template for eye care telemedicine through interaction with the state government, participation in the *Governor's Committee on Telemedicine*, co-operation with the Veteran's Administration, liaison with optometry, exploration of hardware and software presently available, and examination of existing projects designed for similar purposes.

**Conclusions:** The ultimate solution will involve a combination of avenues. The use of many available media, including government, military and private resources, including those of individual providers, should be enlisted. This should be a dynamic and evolving rather than a static process with the understanding that changes in direction may be required.



**Dasa V. Gangadhar, MD**  
**Kansas State Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**      *Education as a Uniting Force*

**Purpose:** Membership is the key to success of any organization. Many different methods have been employed to increase interest in State Societies. We employ educational programs and active participation by Eye M.D.s in these programs as a means to unite ophthalmologists in our state of Kansas.

**Methods:** Several years ago, our society initiated an annual event of having a winter subspecialty meeting for CME credits. This meeting has been tied to a coding meeting to update Eye M.D.s on the latest HCFA (now called CMS) regulations on coding and compliance. This two-day event is an opportunity for Eye M.D.s from all over the state to meet, earn CME credits, and to exchange ideas. For the past two years, I have been the program chairman for these meetings. We have tried to develop high quality programs to encourage participation and to encourage membership. We have sought presenters who may not be current society members. Presenters are ultimately asked to become society members. We have also personally made phone calls to all Eye M.D.s (members and non-members) to encourage attendance at the meeting.

**Results:** We have successfully invited several non-members to be presenters at our educational meetings, in essence converting them to new society members. We have also developed a tradition of strong educational programs which bring all Eye M.D.s together.

**Conclusion:** Nonpolitical educational events are an excellent means to bring Eye M.D.s together, increase membership and to ultimately increase the political influence of our state society. Encouraging active participation by nonmembers and then converting them into members hopefully will prove to be a means to increase society membership for the long term.

**Ana G. Huaman, MD**  
**New Mexico Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Diabetes Examination and Screening*

**Purpose:** To increase diabetic screening and diabetic examinations in the State of New Mexico.

**Methods:** The New Mexico Ophthalmologic Society (NMOS) joined the POPP Diabetes Project sponsored by the New Mexico Medical Review Association (NMMRA), a peer review organization (PRO). This project includes Pharmacy, Ophthalmology, Podiatry and Primary Care Providers whose goal is to further screening in all aspects of diabetic disease and its complications. NMOS participated in an American Diabetes Association Health Fair and offered education materials as well as staffing the Lion's EyeSight Van for actual screening.

A diabetes sheet was prepared (attached) and is being used in Albuquerque, Santa Fe, Espanola, Farmington and Las Cruces private practices. Participating pharmacies are giving reminders to diabetics picking up medication to have vision, foot and hemoglobin A1c's performed on a regular basis. The Lion's EyeSight Van is performing screenings staffed by Eye M.D.s in parking lots of participating pharmacies on a regular basis.

**Results:** Diabetic eye exam is easy to fill out and provide follow-up information to primary care providers further stimulating referrals. The NMMRA is currently assessing the effect of this program statewide.

**Conclusion:** The framework for a statewide screening program for diabetes has been helped significantly by joining with other specialties interested in increasing for diabetic complications. The PRO's have been helpful in organizing physician groups within the state.

# Diabetes Eye Examination Report

To: _____	Clinic/Office: _____	
Phone: _____	Fax: _____	Date: _____

Patient Name: \_\_\_\_\_ Patient ID #: \_\_\_\_\_

Visual Acuity: \_\_\_\_\_ R \_\_\_\_\_ L      Intraocular Pressure: \_\_\_\_\_ R \_\_\_\_\_ L

**Retinal Examination Findings:**

- No retinopathy and should be examined in one year
- Needs no laser now, but should return in \_\_\_\_\_ months because of risk of developing diabetic macular edema (DME) or high risk proliferative diabetic retinopathy (PDR)
- Diabetic macular edema requiring focal laser photocoagulation
- High risk proliferative diabetic retinopathy or iris neovascularization requiring panretinal photocoagulation
- Tractional retinal detachment or vitreous hemorrhage requiring vitrectomy

*Other Ocular Conditions*

Not Applicable

**Cataracts:**

- Does interfere with activities of daily living
- Does not interfere with activities of daily living

**Glaucoma:**

- Controlled
- Sub-optimally controlled

**Plan of Treatment:**  
 Refer to Retina Specialist OR:

Follow-up \_\_\_\_\_ weeks/months

*(Check appropriate treatment plan)*

*(Circle right eye "R" left eye "L" or both)*

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Fluorescein angiogram             | R | L |  |
| <input type="checkbox"/> Panretinal laser photocoagulation | R | L |  |
| <input type="checkbox"/> Focal laser photocoagulation      | R | L |  |
| <input type="checkbox"/> Vitrectomy                        | R | L |  |
| <input type="checkbox"/> Cataract Surgery                  | R | L |  |
| <input type="checkbox"/> Other _____                       |   |   |  |

Eye Care Provider

Phone

Fax

Print-ready copies of the "Diabetes Eye Examination Report" form can be obtained off the following web site:  
 New Mexico Ophthalmological Society [www.nmos.org](http://www.nmos.org)  
 Designed in collaboration with the New Mexico Medical Review Association [www.nmmra.org](http://www.nmmra.org)

**Laura J. King, MD**  
**Women in Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Improving Ophthalmology and Third Party Payer Relations*

**Purpose/Goals:** To improve appropriate recognition of new ophthalmology procedures, coding issues, and reimbursement methodology issues by third party payers in a local market area.

- Establish constructive communication with medical directors of major local third party payers
- Present ophthalmology in a positive light
- Establish Georgia Society of Ophthalmology as primary source of ophthalmology information for third party payers

**Methods:** **12 Cold Calls:** Medical directors of the 4 major third part payers were identified, along with reporting relationships. I made “cold calls” to introduce myself as an ophthalmology information resource and a link to the Georgia Society of Ophthalmology. The focus of these calls was to offer a free service (accurate, unbiased ophthalmology information) as a benefit to medical directors as they perform their work duties. Contact information for all Georgia Society of Ophthalmology leaders was provided.

**8 Lunch Meetings:** I took each of the medical directors to a casual lunch. In one instance, I brought lunch in to the office for 4 medical directors. I listened to their impressions of ophthalmology and their complaints based on experiences in the past. I presented Georgia Society of Ophthalmology as a reputable source of information concerning new technology, coding, and reimbursement. I pledged availability for questions in the future. I gave each of them my direct pager number. These meetings were very well received. Additional meetings are scheduled in November and December.

**Information Provided:** One medical director contacted me (by pager) several times when questioning the medical necessity of proposed surgical procedures. Another medical director contacted me concerning the validity of performing routing B-scans prior to cataract surgery. We developed a friendship, and this company invited me to their annual leadership event in Palm Beach, Florida. This was an opportunity to present ophthalmology as a constructive participant in their policy development process, and it was an opportunity to meet and listen to their national medical leaders.

**Laura J. King, MD**

*Project: Improving Ophthalmology and Third Party Payer Relations (cont'd)*

**4 Organization Charts:** I developed an organization chart for each company, as I learned more about each organization. The current version of the charts is attached.

**SUCCESS FACTORS:**

**Representation of More than One Entity**

After I began this project, I became Medical Director, Care Coordination, Emory University Hospitals. When I contacted medical directors, I represented ophthalmology as well as Emory University Hospitals. Trying this project in other markets, it would be beneficial to identify a point person with additional past or present roles that relate to payers or to identify a team of individuals, each representing a different entity.

**Non-defensive, Open Approach**

I listened and clarified without criticizing the person or their company. The agenda for each initial contact was introduction and offering service, not a specific ophthalmology “beef.”

**Presumption of Mutual Success**

I articulated an opinion that third party payers perform a constructive role in the appropriate payment of benefits for appropriate medical services provided. I maintained fairness to providers as a critical success factor for third party payers.

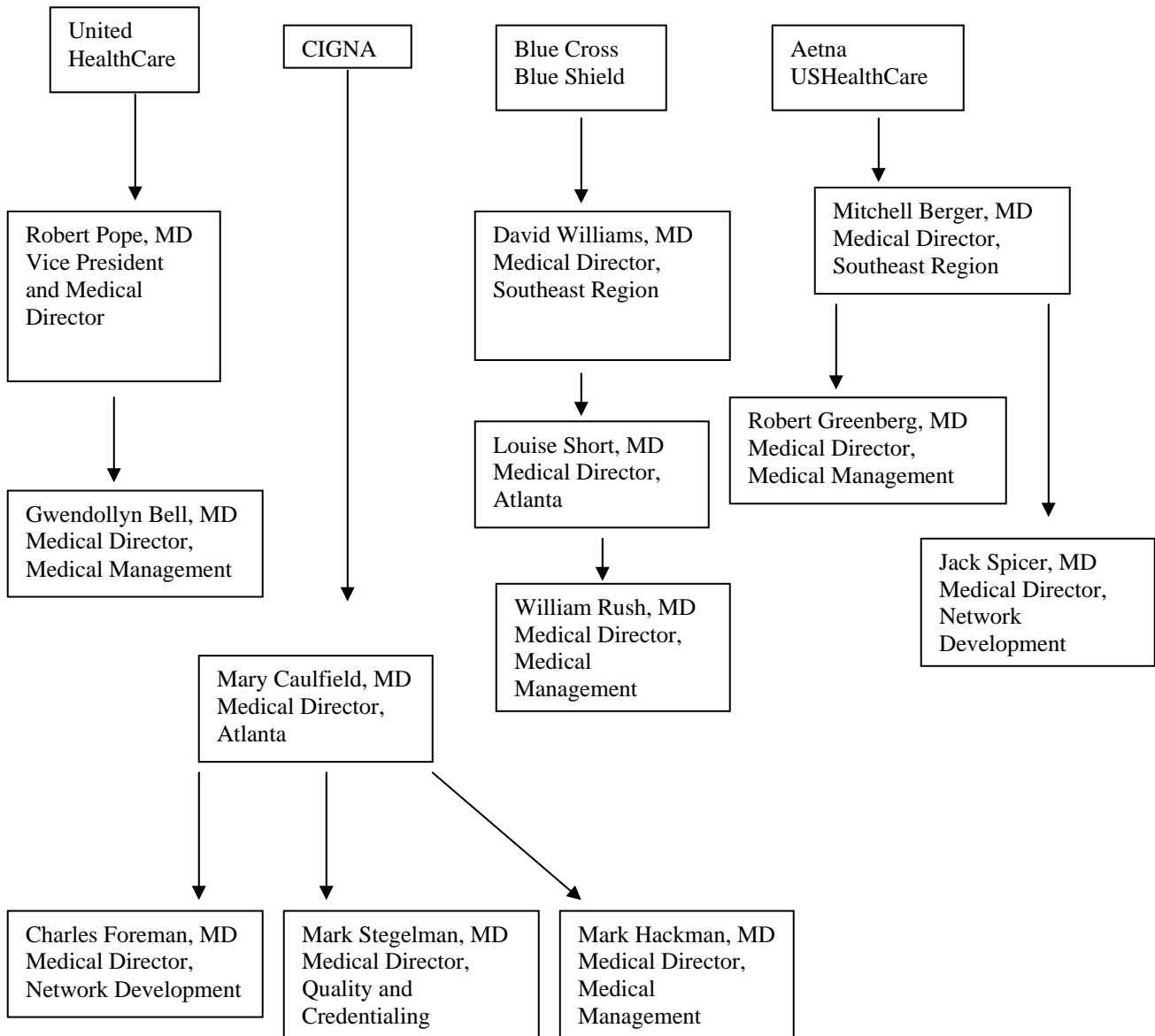
**Conclusion:** The organization chart can be extended to other states and national level. The project can be expanded to additional states. The project can be considered at a national level by AAO leadership.

**Laura J. King, MD**

*Project: Improving Ophthalmology and Third Party Payer Relations (cont'd)*

ATTACHMENT

**ATLANTA MARKET ORGANIZATION CHART:**



**Diane J. Kraus, MD**  
**New York State Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *State Wide Education and Employment for Ophthalmic Assistants*

**Purpose:** To explore and implement identified strategies to counteract the Ophthalmic Medical Assisting (OMA) work force shortage.

**Methods:** A partnership was developed between the Ulster County Board of Cooperative Educational Services (BOCES) and local ophthalmologist offices to increase community awareness of OMA and develop a training program for OMA. Private ophthalmology practices became part of BOCES' New Visions in Health Care Program, which allows high school seniors to work in health care settings. Lectures promoting OMA careers were given directly to high school students and to BOCES students in health related courses.

A team consisting of EyeMDs, BOCES teachers and administrators, and an RN with a Certified Ophthalmic Assistant (COA) degree are designing the curriculum for a six-month course leading to a COA Degree. Clinical experience will be given in eye offices, while lectures will be held at BOCES by teachers trained by an ophthalmologist and COA's.

**Results:** To date, eight interested students have observed and/or worked in ophthalmologist offices. Two continued employment and have expressed interest in COA certification through self-study. By January of 2002 the BOCES COA Training Program will be open to two to four students.

**Conclusion:** Community interest in ophthalmic medical assisting careers was raised with participation in existing local educational programs. This model can be implemented throughout the state. Formal training is feasible on a local level but may be too expensive and onerous at a community college.

**Diane J. Kraus, MD**  
**New York State Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Integration of Holistic Health Care and Traditional Medicine*

**Purpose:** To combine traditional allopathic health care with holistic methods in an effort to enhance inpatient outcomes and address long-term lifestyle changes.

**Methods:** In the process of forming a committee that will develop a strategic plan which will incorporate holistic health modalities into a community hospital and its satellite centers. When combined with traditional allopathic health care, holistic methods may enhance inpatient outcomes and address long term lifestyle changes to increase prevention and decrease the incidence of disease

**Results:** *Under development*



**Joseph M. Lally, MD**  
**South Carolina Society of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Critical Topics in Ophthalmology Management Program*

**Purpose:** Never before has the practice of ophthalmology required so much knowledge across disciplines. The traditional medical school curriculum and residency training provide few of the business management skills necessary for ophthalmologists to assume leadership roles in today's increasingly complex market. In order to continue to take the best care of their patients, ophthalmologists increasingly need a more thorough understanding of the concepts and language of business. Most current management programs are geared for health care executives, not practicing physicians. The purpose of the project was to develop a program to address these issues.

**Methods:** After a survey of South Carolina ophthalmologists was performed to gauge interest, as well as to determine specific management requirements, a mini-MBA curriculum tailored to the needs of practicing ophthalmologists was developed. Co-sponsorship of the program was obtained from the South Carolina Society of Ophthalmology and the Yale School of Management, which had been identified as having an outstanding management program for physicians. Corporate sponsorship was also obtained.

**Results:** The intensive 2 day mini-MBA seminar was held on Hilton Head Island prior to the annual meeting of the South Carolina Society of Ophthalmology and the North Carolina Society of Eye Physicians and Surgeons. Topics included: management accounting, essential management skills, market trends in eye care, financial benchmarking and cash flow. Faculty included professors from Duke's Fuqua School of Business and the University of South Carolina's Moore School of Business, as well as a practice management consultant. *The Yale Management Guide for Physicians* was provided as a text. Ophthalmologists from throughout the Southeast attended the program.

**Conclusion:** Ophthalmologists can benefit from business management training. State societies, with the help of academic and corporate partners, can successfully sponsor management programs for their members.

**Kathleen A. Lamping, MD**  
**Ohio Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *The Ohio Ophthalmological Society's January National Eye Care Month Call-In*

**Purpose:** One of the key purposes of this initiative is to increase the Ohio Ophthalmological Society's (OOS) membership and visibility in Cleveland. The media events during National Eye Care Month initiative are designed to make the society and its members more visible to the public while providing a community service.

**Methods:** During January 2002, the OOS will work with five Ohio television stations for a special television and online statewide eye care event that will include:

- A televised "call-in" event in which OOS member doctors will man Phone Banks in all five markets answering calls from the public
- An online co-branded Health Page focusing on eye care on all five station web sites for the entire month of January
- A statewide online chat session with OOS doctors focusing on eye care questions.

**Results:** Due to the overwhelming response to the January 2001 efforts in Columbus, the OOS decided to take this initiative statewide for January 2002. During the January 2001 call-in, member ophthalmologists answered over 260 calls from viewers, the OOS received over 30 phone calls, the Health Page received over 30,000 hits and the OOS web site had over 22,000 visitors due to these efforts.

**Conclusion:** Utilizing television media resources to do events such as the National Eye Care Month initiative has proven to be a powerful tool and resource for increasing membership and visibility.

**Timothy J. McInnis, MD**  
**Montana Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Organ Eyes Montana*

**Purpose:** To rejuvenate and energize the Montana Academy of Ophthalmology through effective/inspirational leadership as President of the society.

**Methods:**

**1. Organizational**

- Formalize executive director contract and yearly reviews
- Institute e-mail communication for executive committee meetings and general membership correspondence

**2. Legislative**

- Institute application process by legislators for PAC funds
- Facilitate development of statewide “legislative contact tree” prior to elections
- Membership position on Montana Medical Association’s Legislative Committee
- Retain professional lobbyist to assist executive director

**3. Membership (Benefits)**

- Regain former members, retain current members, recruit new members
- Develop state society web site ([www.mteyemds.org](http://www.mteyemds.org))
- Sponsor ophthalmic coding seminar

**Results:** All goals outlined above were met with the exception of regaining former state society members who were still in practice but had dropped their active membership. Despite a personal letter inquiring as to why they had become inactive and asking them to rejoin, to date none have done so. All other projects were successfully implemented and hopefully energized the state society.

**Conclusion:** The term as President of the Montana Academy of Ophthalmology was not only rewarding personally but hopefully effective and valuable to the society’s members and their patients. The concurrence of this term with participation in the AAO Leadership Development Program opened the door to valuable resources and contacts that provided motivation to achieve the goals set forth.

**Anne M. Nachazel, MD**  
**Michigan Ophthalmological Society**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:**      *Focus: HOPE Eye Evaluation Day*

**Purpose:** To provide free ophthalmic evaluations to the underserved populations of Detroit and to provide free follow-up care to those identified with disease.

**Methods:** Contact was made with the Focus: HOPE Foundation to arrange co-sponsorship of the event. The event was held at the largest of their four food distribution centers. Assurances were made that the Foundation and the participants of the program would incur no charges.

Several slit lamps were loaned and transported by an instrument company. Supply companies donated drops, sunglasses, etc. Tonopens, indirects, lenses, reading cards, etc. were borrowed. A local dairy donated ice cream. A graphic artist donated thirty posters and five hundred flyers to distribute. Local media was contacted. Member physicians of the Michigan Ophthalmological Society, their techs, in-state residents, and fellows were asked to donate time and talent.

Evaluations were planned to rule out glaucoma, DR, cataracts, and amblyopia. Vision testing, tonometry, biomicroscopy of anterior and posterior segments, and dilated indirect evaluation was performed for each patient. Arrangements were made for patients identified with disease to be followed up at no charge in the offices of MOS ophthalmologists, or at one of the local residency programs.

**Results:** Volunteers included 19 attending physicians, 7 residents, 6 techs, one 4<sup>th</sup>-year medical student, and two physician spouses.

Pre-event media coverage was provided by one hospital newsletter, one newspaper, one radio station, and one network TV station. Many surrounding churches and senior centers placed posters and flyers on site.

Two hundred and eleven patients were evaluated. Eighty-three adults and 19 children were identified with disease. Sixty-three adults and sixteen children were referred for more immediate referral. One patient was sent to the ER with disc edema. Because the numbers of patients seen was underestimated, the project was understaffed and underequipped. Some supplies were depleted.

**Anne M. Nachazel, MD**

*Project: Focus: HOPE Eye Evaluation Day (cont'd)*

**Conclusion:** Volunteer physicians and technicians can perform free dilated ophthalmic evaluations to an underserved population, and appropriate follow-up can be provided to patients identified with disease at no charge to the patient.

**John W. Shore, MD**  
**American Society of Plastic and Reconstructive Surgeons**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Increase Subspecialty Society Involvement in Leadership*

**Purpose:** To increase participation of Subspecialty Society representatives in the AAO Leadership Development Program

**Methods:** The Academy's Leadership Development Program was first opened to nominations by Subspecialty and Specialized Interest Societies for the 2000-2001 program. In the first two years of program implementation, only state ophthalmological societies were requested to submit nominations. Over the course of 2 ½ years, state societies had become very familiar with the program and competed their society's nominations to gain selection to the program. For the 2000-2001 program, one Subspecialty Society, the American Society of Plastic and Reconstructive Surgeons, and one Specialized Interest Society, Women in Ophthalmology, had representatives in the program. At the request of the Academy's Secretary for State Affairs, a testimonial letter regarding my positive experiences in the program was drafted. A personalized copy was directed to each Subspecialty and Specialized Interest Society President in order to help solicit nominations for the 2001-2002 program. The purpose of the letter was to help educate Subspecialty and Specialized Interest Societies about the benefits of participation in the program by relaying my positive experiences as a subspecialty society representative.

**Results:** The Academy received a significant increase in the number of Subspecialty and Specialized Interest Societies nominating individuals for the 2001-2002 program. In addition to State Society representatives, five Subspecialty and Specialized Interest Society individuals were selected representing the Macula Society, the Retina Society, the North American Neuro-Ophthalmology Society and the American Association of Pediatric Ophthalmology and Strabismus. Other Subspecialty Societies relayed their intent to submit nominations for the 2002-2003 program.

**Conclusion:** Peer-to-peer testimonial regarding my participation in the AAO Leadership Development Program had a direct impact on the interest of other Subspecialty and Specialized Interest Societies of nominating representatives.

**James C. Tsai, MD, MBA**  
**Tennessee Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *An Ophthalmic Resident Mentoring Program: The Tennessee Experience*

**Purpose:** To develop a mentoring program that pairs ophthalmic resident physicians with community-based Eye M.D.s

**Methods:** A joint collaborative effort was instituted between the Tennessee Academy of Ophthalmology (TAO) and the three residency programs in Tennessee. One residency program (n=12 residents) was designated the Active Mentoring (AM) group, while the other programs were assigned to either the No Mentoring (NM) group (n=8) or the Passive Mentoring (PM) group (n=4).

The AM group participated in a TAO-sponsored practice management course and received active mentoring during a four-month period. The NM did not receive any formal mentoring, while the PM group attended only the one-day practice management course. A 38-question self-administered survey was developed to assess five areas of interest: feelings and perceptions of organized medicine (Section I), involvement and knowledge of medical organizations (II), involvement and knowledge of the political process (III), practice development (IV) and educational programs (V). The survey was administered to the resident participants prior to and following completion of the four-month study period. A two-tailed t-test was utilized for statistical comparison ( $p < 0.05$  criteria).

**Results:** Compared to the control (NM) group, the AM group showed favorable increases in perceptions and attitudes ( $p < 0.03$ ), as well as a favorable trend toward membership in the TAO and the American Academy of Ophthalmology. The AM group also indicated a greater likelihood to make political campaign donations ( $p < 0.05$ ) and showed interest in practice development and management issues ( $p < 0.04$ ). Across group differences in the pre- and post-mentoring tests (AM vs. NM) were limited in number and matched the changes observed in the within group comparisons. The PM group did not have sufficient data to warrant statistical analysis.

**Conclusion:** A short four-month mentoring program can elicit favorable changes in resident perceptions and attitudes, as well as concrete behavioral changes (i.e. increased membership). Additional opportunities may lie with more intensive mentoring.

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**Oklahoma Academy of Ophthalmology**  
**2000-2001 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Creating a Managed Care Liaison System*

**Purpose:** To improve the relationship between Oklahoma Ophthalmologists and the managed care entities operating in this state. Also, to provide input in future decisions by managed care plans in regard to the effectiveness of Ophthalmologists versus Optometrists.

**Methods:** This is only a beginning, but so far I have been attending the quarterly meetings of the Ad Hoc Committee on Managed Care. This is a group made up of the administrative and medical directors for all of the managed care plans in Oklahoma. I have also stayed in contact with the committee's ombudsman and the Director of Health Care Policy at the Oklahoma State Medical Association. The best way to set up a liaison system was discussed, and the Ad Hoc Committee preferred that the managed care liaison for the Oklahoma Academy continue to attend their meetings and provide input as needed. Over the past year the committee has been working on a single form that would be accepted for authorization by all of the companies, and they are gathering data from a "Hassle Factor" survey to try to minimize hassles and delays. The committee also recently sponsored a forum inviting all Oklahoma physicians as well as managed care representatives to openly discuss problems and possible solutions.

During this time periods another opportunity arose that was totally unexpected. Due to activity with the local chamber of commerce, I was appointed by Governor Keating to the Oklahoma State Board of Health for a nine year term (this is the governing board of the State Health Department). In Oklahoma, the Health Department, and therefore the Board of Health, is responsible for the oversight of managed care plans in the state. I have been attending the Ad Hoc Committee's meetings to give the Oklahoma Academy of Ophthalmology access to the group, but it has also allowed the committee access to a member of the Board of Health. This unexpected turn of events seems to be beneficial for both groups.

**Results and Conclusions:** This year has been spent just trying to open the doors of communication and to start forming relationships with the individuals on the Ad Hoc Committee on Managed Care. This seems to have been successful so far. The appointment to the Oklahoma State Board of Health was unexpected, but it seems to have helped in the continued communication with the committee.