

President's Statement

GEORGE A. WILLIAMS, MD

The Winds of Change

There is an aphorism that the pessimist complains about the wind, the optimist hopes the wind will change, and the realist adjusts the sails. My friends know that I am no sailor, but we all recognize that the winds of change are blowing across ophthalmology and all of medicine. At times, these winds seem to be coming from multiple directions: The federal government, state governments, commercial payers, employers, patients, and the media are demanding change in how physicians deliver and are paid for health care. How we handle these changes today will determine the future of our profession.

The challenges we face are many and diverse. In our daily operations, a byzantine regulatory morass imposed in the name of value and transparency steals time and resources from our practices and patients. Our treatment decisions are constrained and delayed by nebulous, often conflicting, preauthorization and step therapy requirements. Increasing drug prices for both established and new medications create financial hurdles for our patients. Complex rules for compounded drugs obstruct the supply of proven and often emergent therapies. Declining reimbursement and evolving coding policies threaten patient access. Private equity firms are knocking on our doors with the promise of riches, but without regard for our mission or our patients. Scope of practice battles are pushing the limits of reason—with legislation rather than education the mantra of nonphysician providers. Frustration with medical practice today is often palpable and is a primary driver in physician burnout.

Despite all of this, the field of ophthalmology has never been more exciting or promising. We stand on the threshold of a therapeutic wonderland that will diminish or prevent visual loss for generations to come. Already we have proof of principle in gene therapy for retinal dystrophies. Stem cells, improved prosthetics, neuroprotection, and optogenetics promise treatment for currently untreatable disease. Advances in microsurgical techniques will enhance our already-impressive success in ocular surgery. Further refinement of imaging technology will improve our perception of ocular disease. As remarkable as all these advances are, I suspect that they will be dwarfed by the impending revolution in artificial intelligence, which will make us all better doctors.

In this environment, the obvious question is how can we address our challenges and fulfill our promise to protect sight and empower lives? No doubt it will be difficult, but if our history is prologue, we can and will succeed. Since 1979, the Academy has been the epicenter of my professional development through education and advocacy. During this time, I have witnessed an unsurpassed dedication and sense of purpose in the thousands of Academy members who volunteer their time and amazing talents for the betterment of our patients. With your continued commitment to our patients and profession, the Academy stands ready to embrace our future.

During my own volunteer experience as Secretary for Federal Affairs, I spent time in Washington, D.C., talking to members of Congress and the staff of two administrations about the potential and the pitfalls of the transition from a volume- to a value-based system. In a true value-based system, ophthalmology wins. What procedure in medicine has a 98+% success rate, costs Medicare under \$2,000, restores function to the level of a teenager (or better), and typically lasts a lifetime? Modern cataract surgery! Whether it is cataract, glaucoma, retinal, pediatric, oculoplastic, or trauma surgery, what we do changes lives. So how do we keep federal focus on this incredible value?

The answer is simple: patient-centered data. No specialty has better data than the IRIS Registry (Intelligent Research in Sight), which demonstrates the value our services and procedures provide. As of Sept. 1, the IRIS Registry had over 200 million patient records across more than 52 million patients, making it the largest specialty society clinical data registry in the world. With your help, the Academy will use IRIS Registry to improve patient outcomes and demonstrate the value of ophthalmic care. Let the wind blow.



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