

Daniel J. Briceland, MD
Arizona Ophthalmological Society
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *To increase and rejuvenate membership in the Arizona Ophthalmology Society (AOS) with special efforts directed at Ophthalmologists in training following the AAO lead in encouraging early involvement.*

Methods: Attention was directed at nonmembers with direct face-to-face contact by one or more of the AOS board members. The annual educational meeting was also updated with additional speakers and change of venue. Promotional material for the meetings were sent to nonmembers and members earlier. Meeting announcements were made at every opportunity available.

Results: Membership has increased for the first time in several years. The residents in the state are now members with their own nonpaying dues category.

Conclusion: The AOS has new and younger members as a result of a new category of membership and a renewed approach toward contacting nonmembers.

C. Gregory Clark, MD
Indiana Academy of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Mini-MBA for Ophthalmologists*

Purpose: To develop a program to educate EyeMDs about the business world and help form a foundation of knowledge so we can use our professional advisors to the best advantage. Physicians (old and new) are at a distinct disadvantage in the business world. A program of lectures, manuals and ongoing education would be a great benefit to members.

Methods: A backbone of topics and information will be generated to be distributed to the state societies. This manual can be used to develop a series of lectures at a residency program, ongoing County society meetings or power presentation at a state annual meeting.

Results: Manual

Conclusion: The new world order dictates that we be good business managers as well as good clinicians. We need to acquire the knowledge to better understand how our decisions affect our practices and how to use our advisors to the fullest. We don't take the time in undergraduate or medical school but we can't afford not to take the time later. The residency years or first years in practice may be the best time to acquire these all important skills.

Paul B. Griggs, MD
Washington Academy of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *A Proactive Approach to Optometric Scope of Practice Legislations*

Purpose: To draft legislation providing for a clearly-defined expanded optometric scope of practice in Washington State. Such legislation would define permitted activities as well as the educational prerequisites for those individuals wishing to perform such activities. These activities would be performed under the direct supervision of a participating ophthalmologist.

Methods: The Washington Academy of Eye Physicians and Surgeons (WAEPS) was approached by the Washington State Senate Health Care Committee prior to the year 2000 legislative session. It was requested that the WAEPS draft compromise legislation to that of the State Optometric Association which would provide for an expanded scope of practice. The WAEPS organized a committee composed of ophthalmologists representing a comprehensive cross-section of practice types. Utilizing the existing statutes defining the scope of practice of physician assistants and advanced registered nurse practitioners in Washington State, a bill was drafted which defined the accepted utilization of diagnostic and therapeutic procedures as well as the prescription of medications by qualified optometrists under the supervision of a participating ophthalmologist.

Results: The legislation presented by the WAEPS failed to receive legislative support and was not heard in session. The legislation presented by the State Optometric Society passed the Senate Health Care Committee with modifications but failed to pass in the House Health Care Committee.

Conclusion: Proactive legislation outlining optometric scope of practice represents a means of controlling unlimited scope of practice expansion. By utilizing the existing models outlining the accepted activities performed by other non-physicians, the performance of selected activities by qualified optometrists may be permitted under the supervision of an ophthalmologist. In order to be successful, however, such legislation should be based on existing statutes defining similar activities performed by other non-physicians and must be supported by adequate sponsorship in the State Legislature.

Mohamad S. Jaafar, MD
The Washington Metropolitan Ophthalmological Society
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Increasing Enrollment in State Society*

Purpose: Similar to many other State Societies, The Washington Metropolitan Ophthalmological Society has been struggling with a low enrollment rate. A major reason being that many Ophthalmologists are (or claim to be) members of the MD or VA State Societies.

Methods: Increase awareness of benefits of State Society Membership and of the risk of poor representation as each state (and District of Columbia) has its own legislative and regulatory bodies. As personal contacts and “lobbying” by active members have more power than generic letters and e-mails. We asked active members to directly contact and enroll one “new” member and one “old” member whose membership had lapsed. Also, we heightened the interest and increased the support of “future” members by inviting residents and fellows to State Society activities and by organizing a Residents’ Advocacy Day. Finally, we asked the Academy to enlist a new AAO membership benefit and identify the State Society Members in the AAO listings.

Results: Fifteen (15) new members were recruited and an equal number of old members reenlisted in the Society. The resident’s response was very positive and, hopefully, their involvement in State Societies will continue after they graduate and start practicing. The AAO Office of Members Services and Marketing is working on identifying each State Society member (? With an asterisk) in the AAO Member Directory and on eyenet.org.

Conclusion: Using three main approaches, the State Society Membership increased and, hopefully, retention will remain high. Increased enrollment should now be followed by heightened interest of members in the Society’ activities and its vision for the future.

Vera Kowal, MD
South Dakota Academy of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Circumventing Optometric Expansion of Scope of Practice*

Purpose: To prevent any optometric expansion of scope of practice in the State of South Dakota and to encourage South Dakota Academy of Ophthalmology (SDAO) members to become more active in the State Legislature.

Methods: SDAO members were asked to individually contact, in person or by phone, each member of the State Legislature. Those members with prior personal relationships with individual state legislators were encouraged to be in contact with them on a regular basis.

Results: Although SDAO members seemed very willing to contact legislators on an individual basis, difficulty was encountered in getting Eye M.D.s to testify before the State Legislature. Many Eye M.D.s felt uncomfortable being in an adversarial position with optometrists. However, based on testimony from key individuals, the Governor of South Dakota vetoed the optometric bill, therefore preventing any optometric expansion of scope of practice. Unfortunately, SDAO members generally found that state legislators had already made a decision about the direction of their vote long before the Legislative Session.

Conclusion: Although the SDAO was successful in helping to defeat the optometric bill this year, there is room for significant improvement in developing and maintaining key contacts within the State Legislature. Eye M.D.s must maintain their ties to other M.D.s and work together on issues that affect both ophthalmology and medicine as a whole.

John C. Maher, MD
Pennsylvania Academy of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Fast-Fax Membership Recruitment*

Purpose: To increase state society membership

Methods: This was an attempt to increase the state membership by contacting individual ophthalmologists via the fax method. At this time in Pennsylvania, it was felt that contact by E-mail would not be feasible. The number of physicians on-line and access to their E-mail addresses were not sufficient to make this an option. We tried to develop a short, attention-getting single sheet fax to capture the attention of non-members. The fax was to be sent out on three different times at least a month apart. The third time would also contain a financial incentive to join with a reduced fee. We were also trying to capitalize on a significant insurance problem which had the attention of a significant number of ophthalmologists.

Results: At the time of this writing, the third fax has only been out for one week. The first two fast-faxes resulted in the addition of 11 new members. Approximately 300 were sent out.

Conclusion: Although the numbers of new numbers was small, from the stand point of cost and speed, our state executive felt that this was a cost effective model to use. The plan is to continue this on a every two month basis and to try to get the same message on E-mail system.

Attachment: *Join the PAO Now*



EYE MDs

PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY

*777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820
888/633-5784 (phone); 717/558-7841 (fax)*

JOIN THE PAO NOW

1. IF YOU DONT care about optometric treatment of glaucoma . . .
2. IF YOU DONT care about optometric use of lasers and doing PRK. . .
3. IF YOU FEEL there is no need for participation in the political process which regulates you. . .
4. IF YOU FEEL there is no value in a coordinated effort to advance the interests of ophthalmology with the AAO. . .

. THEN YOU DONT NEED A STATE SOCIETY MEMBERSHIP.

IF, however, these are important issues to you, then it is essential you join your state society now. We don't want to work in an environment like Oklahoma ophthalmologists --- do we?

JOIN NOW AND RECEIVE 19 MONTHS OF MEMBERSHIP FOR THE PRICE OF ONE YEAR'S DUES . . . see details attached.

Rickey D. Medlock, MD
Arkansas Ophthalmological Society
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Increasing Arkansas Eye M.D. Membership by Establishing a State Website and Restructuring Yearly Dues*

Purpose: To increase both membership and involvement of ophthalmologists in the Arkansas Ophthalmological Society (AOS). By showing the active members of the AOS that if they are involved, it will allow them to become more interactive with their peers and their patients through the Website.

Methods:

1. A Website was created in November 1999, with the assistance of the executive director of the AOS.
2. The AOS dues were re-structured and lowered from \$1,000 a year to \$600 a year. This was allowed to be paid over two segments split at \$300. The first year out-of-residency was allowed to join at \$100 a year, the second year \$300 a year, and then beginning with the third year, the full dues of \$600 a year.
3. On the home page of the Website, a title of **Find An Eye MD Near You** was set up. By clicking on the icon, this will take you to the page of the state map in which the state was divided into four sections. Click on one of the sections, this would subsequently list all of the Eye MDs in that area that are members by their two along with their phone numbers and address.
4. At our Spring meeting combined with the Residency Program at the University of Arkansas Medical Sciences, the Website was presented to show the progress we had made to the current members and non-members.
5. Through the membership only section, an icon was set up to allow each member to find their local legislators by entering their zip code. This would subsequently give them each their representative and senator along with their e-mail address and all the statistics about them.

Results: The Society has been very successful increasing our membership since this was instituted and presented at both the Spring and Fall meetings. Our Society shows approximately two years ago that we had twenty-six (26) full paying active members. At this time, we have sixty-four (64) full paying members out of approximately 120 that are eligible for membership. We are generating a lot of enthusiasm, both with the senior members in our organization and attracting the younger members by being associated with the World Wide Web.

Rickey D. Medlock, MD

Project: Increasing Arkansas Eye M.D. Membership by Establishing a State Website and Restructuring Yearly Dues (cont'd)

Conclusion: By restructuring our dues and setting up the Website “ArkEyeMDs.org”, it has been an effective way to get the ophthalmologists in our state to become members. It still remains to be seen how many will join, but we still feel positive that we will increase our membership as the scope of the Website continues to expand.

Michael L. Miller, MD
Colorado Society of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Resident Advocacy as Basic Science in Medical Education*

Purpose: To indoctrinate the current and outgoing University of Colorado Ophthalmology Residents in the real world aspects of participation and active advocacy for their new profession.

Methods: An informal session of conversation between the residents and myself, our current President and our President-Elect, and our Executive Director took place regularly scheduled Basic Science lectures hour on a Tuesday evening. Each of us involved with CSEPS took a few moments to introduce ourselves and present our particular perspective on advocacy. The residents were then given an opportunity to ask questions and offer their unique insight and reveal their limited knowledge of real world issues with which they will struggle.

Results: The relaxed atmosphere allowed for a good exchange of information and set the stage for another session this fall or winter. The residents felt that they had gained valuable insights into practice, legislative and insurance issues and were eager to have another event, with even greater participation by both CSEPS and the academic faculty.

Conclusion: All involved came away with a sense that this type of discussion needs to be a basic part of every residency program curriculum. We as advocates in our state societies are often involved in the actual medical mentoring system in the university clinics and Ors, and thus this new type of mentoring on legislative and payor issues is only a natural extension.

Michael L. Murphy, MD
Wisconsin Academy of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Participation in Veterans of Foreign Wars (VFW) 101st Convention*

Purpose: To ensure that Eye M.D.s have visibility at national conferences and to provide veterans with glaucoma screenings, patient information materials and information on other public service programs

Methods: The Wisconsin Academy of Ophthalmology worked in conjunction with the Academy's Foundation, Federal Affairs and State Affairs departments to enlist participation by Wisconsin Academy of Ophthalmology (WAO) volunteers to provide glaucoma screenings at the VFW convention held August 19-24, 2000 at the Midwest Express Center in Milwaukee, Wisconsin. A 40' X40' space in the health fair hall allowed for good visibility by convention attendees. The Academy's Foundation staff distributed glaucoma informational material as well as other pertinent information regarding other Foundation public service programs and the *Celebrate Sight* CD.

Results: Three slit lamps and applanation tonometers were provided by TopConn; three ophthalmoscopes and four Frequency Doubling Perimeters were provided by Welch Allyn; one Heidelberg Retinal Tonograph was provided by Heidelberg Engineering; one GDx was provided by Laser Diagnostic Technologies, Inc., one Humphrey Perimeter; and one Discam. Initial results compiled by Foundation staff indicate that thirty-six (36) volunteer Eye M.D.s and two (2) nurses participated in screenings of 482 individuals over a six-day period. Follow-up care with an ophthalmologist was recommended for 64 (13%) of these individuals.

Conclusion: Joint participation by state societies with the Academy and its Foundation in national conferences such as the VFW and the National Conference of State Legislatures (NCSL) increases the opportunities for important education to various constituent groups and offers a valuable public service opportunity for Eye M.D.s.

Thomas A. Oetting, MD
Iowa Academy of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Optometric Scope of Practice*

Purpose: Unfortunately, the Iowa Optometric Association has decided this year to greatly expand their scope of practice. My project is to be a member of the Department of Public Health's Scope of Practice Review Committee to address this area of concern to the medical doctors in the state of Iowa.

Methods: In the state of Iowa, when considering an application for a change in scope of practice, a review committee is established by the Department of Public Health. The Department of Public Health appoints a member from a group in opposition to the change which will be me representing the Iowa Academy of Ophthalmology and the Iowa Medical Society, an uninterested medical person which in this case will be an RN with a Ph.D., and two members of the lay community. Unfortunately, this will be a rather time consuming effort, which will involve many meetings over the course of the next several months attempting to iron out the issues, have literature and research reviews, analyze testimony, and finally develop recommendations and submit a final report to the Director of the Department of Public Health and the Iowa General Assembly. Unfortunately, one of these meetings may actually occur during the Academy meeting, which may preclude me from going.

Results: There are no results yet to date, other than the bleak outlook of the battle.

Conclusion: So far, the only conclusion I can reach is that despite past negotiations and agreements, the optometric lobby continues to press for increasing privileges, only using the last negotiation as a stepping-stone to their goal of an equivalent scope of practice to that of an MD.

Jean E. Ramsey, MD
Massachusetts Society of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project #1: *Political Advocacy: Getting Residents Involved*

Purpose: (1) To integrate political advocacy into the resident curriculum
(2) To actively involve residents in the state society

Methods:

(1) A kick-off dinner/political advocacy forum was held this past spring 2000. The keynote speaker was Michael Dunn, President of a political affairs consulting firm. Pre-meetings were held at all three ophthalmology residency programs in Massachusetts, Boston University, Tufts and Harvard, in order to encourage resident participation in this event.

(2) *The Eye MD Advocate, A Primer* was presented as part of the regular residency curriculum at Harvard and Tufts.

(3) Resident representatives were invited to attend Massachusetts Society of Eye Physicians and Surgeons (MSEPS) meetings

Results: Attendance at the Michael Dunn dinner/forum on political advocacy was overwhelming, with 63 participants, 40 of whom were residents. The pre-meetings were felt to be a key to this success. The political advocacy curriculum was presented at Harvard and Tufts, as part of the regular ophthalmology lecture series. Future lecture spots have been assigned at these institutions and at Boston University for presentation of political advocacy issues by the state society. Resident representatives from Tufts and Harvard have attended a MSEPS Executive Committee meeting, and will be participating on an ongoing basis. A number of concerns, not currently addressed by the state society, AAO or even the Young Ophthalmologist Section, have been raised by the residents, issues regarding their training, the dearth of information on fellowships, difficulties involved in attending the AAO meetings, etc.

Conclusions: Political advocacy issues have been discussed with the Massachusetts ophthalmology residents and included as part of the regular lecture series at the three teaching institutions. This needs to be a continual process, not a one-time event, and future discussions have been scheduled. Further, residents are providing feedback regarding their particular issues and are participating in the state society leadership meetings. The possibility of a resident organization within the state has been considered,

Jean E. Ramsey, MD

Project #1: Political Advocacy: Getting Residents Involved (cont'd)

and will continue to be discussed. As state issues develop, such as legislative issues, there will be an organizational basis to involve residents in this process. It is hoped that with this early involvement, residents will remain lifelong proponents of political advocacy, and recognize that “*advocacy is as much a part of practicing medicine as patient care.*”(from The Eye MD Advocate, A Primer)

Jean E. Ramsey, MD
Massachusetts Society of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project #2: *Preschool Vision Screening: The Development of a State-wide Program*

Purpose: To begin to develop the basis for a comprehensive, state-wide, preschool vision screening program to detect the most prevalent vision disorders in the 3 to 4 year old child: amblyopia, strabismus, and high refractive error.

Methods:

- (1) Research was initially conducted to identify preschool vision screening efforts in progress throughout the United States
- (2) A coalition of individuals and organizations was developed, united around the development of a statewide preschool vision screening program: this coalition included school nurses, day care providers and preschool teachers, pediatric ophthalmologists, optometrists.
- (3) A working relationship was established with the Department of Public Health and the Department of Education, in addition to individual legislators at the Massachusetts State House.
- (4) Active educational efforts were undertaken

Results: An enthusiastic and dedicated group of people have been united around the concept of developing a comprehensive, state-wide preschool vision screening program. While political differences exist within this group, and erupt at times, the focus has remained unaltered. Strong support has been achieved at the State House and the Department of Public Health for this effort. Just recently, funding has been received (through the tobacco funds) to support the position of a fulltime vision screening coordinator at the Department of Public Health. A pediatric ophthalmologist will serve as a consultant to this coordinator. State regulations are being rewritten, mandating a preschool vision screening exam for all children enrolled in licensed day care centers and preschools. A follow up protocol will be established. The exact vision screening methodology will be determined by the professionals involved in the preschool vision screening coalition. An active educational component has been established, which includes lectures and meetings with day care providers, preschool teachers, school nurses, pediatric residents, and parents.

Jean E. Ramsey, MD

Project #2: Preschool Vision Screening: The Development of a State-wide Program
(cont'd)

Conclusion: The basis for the development of a statewide preschool vision screening program has been firmly established and funded in Massachusetts. Through this process, key contacts have been established, including legislative and regulative contacts, which have proved useful in other state society efforts, such as the glaucoma project and the Foundation of the AAO/HCFA Diabetes Initiative.

John D. Roarty, MD
Michigan Ophthalmological Society
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Legislative Advocacy Program*

Purpose: To create member legislative advocacy on a broader scale and to create legislative and third party relationships. A source of failure in the Michigan legislative process has been poor “grassroots” effort by the membership. Present advocacy consists of a few select ophthalmologists and a lobbyist.

Methods: Three components to this project have been identified:

1. Database – the MOS database is seriously outdated. A survey was sent to get additional information above dues invoice information (including e-mail, fax)
2. Communication
 - a. Individual information packet with key names and contact info for each member. (Their personal state and national representatives, committee members of importance, “other”)
 - b. “How-To” packet
 - c. Monthly legislative and insurance updates.
3. Access Program - To encourage early communication with individual legislators and possibly develop significant relationships with more Eye M.D.s

Results: The survey information is being processed at present. The legislative packets with key names and a “How-To” packet has been completed with the assistance of Michigan Legislative Consultants. Updates have been printed this year.

Conclusion: The effectiveness of the program has yet to be determined. Without significant assistance from an able society executive director, this program cannot be maintained.

William E. Schlichtemeier, MD
Nebraska Academy of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Physician Directory*

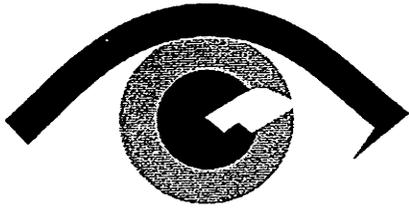
Purpose: To inform family physicians across the state of who are members of the Nebraska Academy of Eye Physicians and Surgeons.

Methods: A booklet was compiled with a pictorial directory including office locations, hours, phone and fax numbers, medical school, residency, fellowship and insurance accepted. A short bibliography.

Results: This is a new feature to match faces with names and hopefully by providing this information, referrals will go to members of the N.A.E.P.S. All physicians were included in the first year directory but in future directories, they will include only members of the Nebraska Academy of Eye Physicians and Surgeons.

Conclusion: We hope this will be a catalyst to develop stronger relationship with the general medical profession with our ophthalmologists.

Attachment: Cover and Example Pages from NAEPS directory



PHYSICIAN DIRECTORY

Provided By:

Nebraska Academy of
Eye Physicians and Surgeons
233 South 13th Street, Suite 1512
Lincoln, NE 68508-2091
Phone: (402) 474-4472
Fax: (402) 474-2198

EyeMD
OPHTHALMOLOGY

Dean Francis Arkfeld, M.D.



Physicians Clinic First Eye Associates
8111 Dodge Street, Omaha, NE 68114
Phone: 402-354-8111
Fax: 402-354-8197
Medical School: UNMC; 1980
Residency: Yale University School of
Medicine; 1981-1984
Fellowship Program: Massachusetts
Eye and Ear Infirmary (Retina and
Vitreous); 1984-1985
Practice Focus or Subspecialty:
Retina

Primary Hospital Affiliation: Nebraska Methodist Hospital

Office Hours: M-F, 8:00-5:00

Medicare Accepted; Medicaid Accepted

Insurance Accepted: HPMA, UHCM, HMO NE, ExcluciCare, Mutually Preferred, BCBS

Dr. D. Francis Arkfeld is a graduate of Creighton University and UNMC. He completed an internal medicine internship at Brown University Affiliated Hospital. He completed his Ophthalmology residency at Yale University School of Medicine in New Haven, CT, and a fellowship in retina and vitreous at Harvard's Massachusetts Eye and Ear Infirmary in Boston, MA.

Dr. Arkfeld is a Fellow in the American College of Surgeons. He specializes in medical and surgical management of retina and vitreous disorders. Dr. Arkfeld is a member of numerous professional societies. Dr. Arkfeld, a native of Iowa, and his wife, Peggy, have two daughters and a son.

Linda U. Blakely, M.D.



Kearney Eye Institute, P.C.
411 West 39th, Box 1896
Kearney, NE 68848
Phone: 308-865-2760
Fax: 308-865-2769
Email: kei@kearney.net
Medical School: University of Kansas
School of Medicine; 1989
Residency: Geisinger Medical Center;
1989-1993
Practice Focus or Subspecialty:
LASIK, Cataract Surgery and General
Ophthalmology

Primary Hospital Affiliation: Good Samaritan Hospital

Office Hours: M-F, 8:00-5:00

Medicare Accepted; Medicaid Accepted

Insurance Accepted: Most Major Plans

Dr. Linda Blakely is Board Certified by the American Board of Ophthalmology and certified in LASIK. She provides ophthalmologic care in refractive surgery, glaucoma, macular degeneration, cataracts, intraocular lenses, ocular plastic surgery, optical refraction, contact lenses and laser surgery. Dr. Blakely practices with three other ophthalmologists in Kearney and has satellite offices for clinic and surgery in Broken Bow, Lexington, Cozad and Holdrege.

Harold R. Bares, M.D.



Eye Specialists
1103 Galvin Rd. So.
Bellevue, NE 68005
Phone: 402-292-6514
Fax: 402-292-7122
7710 Mercy Rd., Ste. 322
Omaha, NE 68123
Phone: 402-397-6300
Fax: 402-397-2602
Email: eyespecialists@uswest.net
Medical School: UNMC; 1980
Residency: UNMC; 1981-1984

Practice Focus or Subspecialty: Comprehensive Ophthalmology

Primary Hospital Affiliation: Alegent Midlands and Alegent Bergan

Office Hours: M-F, 8-5; Sat. 9-12

Medicare Accepted; Medicaid Accepted

Insurance Accepted: Most Major Plans

Dr. Harold R. Bares served in the Air Force as a staff ophthalmologist at Ehrling Berquist Hospital, Offutt AFB before establishing a private practice in Nebraska in 1987. Dr. Bares is a Board Certified ophthalmologist, a Fellow of the American Academy of Ophthalmology, a member of the American Society of Cataract and Refractive Surgery, the Nebraska Medical Association and the Metro Omaha Medical Society. He and his wife, Jane, have three sons.

Bruce H. Brumm, M.D.



Brumm Eye Center
6751 No. 72nd St., Ste. 105
Omaha, NE 68122
Phone: 402-572-2020
Fax: 402-572-2150
E-mail: BHBrumm@aol.com
Medical School: UNMC; 1975
Residency: UNMC (Ophthalmology
Residence); 1976-1979
Fellowship Program: American
Academy of Ophthalmology; 1982
Practice Focus or Subspecialty:

LASIK and Corneal Ring Refractive Surgery and No-Stitch Cataract

Primary Hospital Affiliation: Alegent Health—Immanuel Medical Ctr.

Office Hours: M, T, F, 9:00-5:00; W, Th 9:00-7:00; Sat. 9:00-12:00

Medicare Accepted; Medicaid Accepted

Insurance Accepted: Most Major Plans

Dr. Brumm has performed over 20,000 ocular surgeries. He was the first surgeon in Nebraska to perform no-stitch cataract surgery and the first to perform Intacs(R) Corneal Rings surgery. He was one of the first surgeons in Omaha to be certified for LASIK. He is the only surgeon in Nebraska certified in Refractive Surgery by the American Board of Eye Surgery. He is a Fellow of the American Academy of Ophthalmology, a member of the Metro Omaha Medical Society, NMA, and the American Society of Cataract and Refractive Surgery.

Kevin R. Scott, MD
Virginia Society of Ophthalmology
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *State Dues Reciprocity*

Purpose: To increase the retention of Eye-MD's in their State Ophthalmic Society by removing the initial financial barrier upon joining a new State Society.

Methods:

1. All members of an individual State Society that are moving to a different state, and have paid their dues for a given calendar year, will be allowed to join a new State Society for the remainder of the year without having to pay any additional dues.
2. Currently, the American Academy of Ophthalmology disseminates to each individual Executive Director, a listing of EYE-MD's that have moved to their state. This can now be utilized to allow the individual state to welcome the new EYE-MD and make them aware of the state dues reciprocity.
3. The individual EYE-MD only has to apply for membership in the new State Society, and does not have to pay for the remainder of the calendar year. With this arrangement, there is a greater likelihood that he/she will continue to be active in their State Ophthalmic Society.

Results: All states will be participating with this reciprocity to help to increase EYE-MD's involvement and retention in their **new** State Ophthalmic Societies.

Conclusion: In addition to maintaining membership in the State Societies, this will also facilitate state to state contact between the Executive Directors and their respective Boards. This increased contact can aid in the transfer of new and exciting ideas between states and improve the membership benefits in each of the State Societies. In general, all of the efforts of the American Academy of Ophthalmology are best channeled through our individual State Societies to have a more cohesive organization on all levels.

Attachment: Memo to State Society Leaders



EYE PLASTIC ASSOCIATES, P.C.
 Kevin R. Scott, M.D.
Eye Plastic, Laser, Orbital and Reconstructive Surgery

3700 Joseph Siewick Drive
 Suite 400
 Fairfax, VA 22033
 (703) 620-4300
 Fax (703) 620-4367

4660 Kenmore Avenue
 Suite 408
 Alexandria, VA 22304
 (703) 212-7265
 Fax (703) 620-4367

www.eyeplasticmd.com

August 22, 2000

Re: STATE SOCIETY DUES RECIPROCITY

Dear Executive Director,

I am currently in charge of public relations for the Virginia Society of Ophthalmology (VSO). I had polled all of the state societies earlier this year for the possibility of reciprocity of state society dues. The example I gave was if a doctor was a fully paid Virginia Society of Ophthalmology member, (year 2000) and decided to move to your state, then they could apply as usual to become a state society member in your state without having to pay any additional dues for that same calendar year. This reciprocity would also hold true if they were moving from your state to Virginia. No money would change hands, and they would just owe their regular dues in their new "home" state for the next calendar year.

This state to state cooperation would have the potential to maintain or even increase membership in all of the individual state societies, and this project will be helped through assistance of the American Academy of Ophthalmology. The AAO has told me that they would help in making sure the states were aware that new paid members were entering their state so they could help facilitate the individual state societies contacting these new potential members.

I will personally work with all the Executive Directors to help facilitate this entire process, and I am writing to you to get your approval to proceed with this initiative. It is my hope to get all the state societies on board during the months of August and September so this is rolling and in operation prior to going to the academy. Anything you can do to help facilitate this within your individual state is greatly appreciated.

With best regards,

Kevin R. Scott, M.D.
 Oculoplastic, Orbital and Reconstructive Surgery

_____ YES, I represent the _____ state Ophthalmic Society,
 and would like to be included in this reciprocity.

_____ YES, I represent the _____ state Ophthalmic Society,
 but will need to get clearance from the board, and will give you an
 answer by _____ (date).

_____ No, I represent the _____ state Ophthalmic Society.
 We are not interested in state to state reciprocity.

PLEASE FAX BACK AS SOON AS POSSIBLE TO KEVIN R. SCOTT, M.D.

703-620-4367

Thomas J. Whittaker, MD
Missouri Society of Eye Physicians and Surgeons
1999-2000 Leadership Development Program
Project Abstract

Title of Project: *Advocacy and Mentoring for Young Ophthalmologists and Residents*

Purpose: This is a project geared toward two goals--first, drawing young ophthalmologists and ophthalmology residents into the State Society and political lobbying activities, and second, mentoring these young doctors with older Society board members and officers to create a pool of members with ongoing political and friendship ties with key legislators.

Methods: Board members and directors were paired with interested young ophthalmologists and residents as mentoring pairs. The young doctors were included in all political or lobbying contacts by the board members and directors, most notably office visits at the state capitol, and fund-raisers or luncheon meetings with legislators.