

# President's Statement

## Facing the Challenges, Keeping Our Commitments

As I write this, Congress and the president are attempting to compromise on how to address the “fiscal cliff” facing our nation. Whether their efforts result in a negotiated blend of tax hikes and spending cuts or in failed talks leading to sequestration, our profession is likely to face reductions in reimbursements for patient care, in funding for research, and in support for graduate education. This is not ophthalmology’s first crisis, but it may be one of our most challenging.

Ophthalmology is the noblest of professions, and we are privileged to be its practitioners. Blindness remains one of the most devastating and most feared health care conditions: While we are rarely the “savers of life,” we are valued preservers of a richer, fuller, and more complete life. Our commitment to the prevention, treatment, and reversal of vision loss makes our work every bit as important as the cardiologist, oncologist, or trauma surgeon.

Over the past half-century, we have seen the cost of health care rise from \$150 per person per year in 1960 to more than \$8,000 per person per year in 2010, far exceeding inflation. However, while the cost of cancer treatment or cardiovascular care can routinely exceed \$100,000, our effective treatments are provided at a fraction of this, be it cataract surgery in an elderly patient or laser photocoagulation in a premature infant. Perhaps no field has

consistently shown a more effective return on investment than ophthalmology. Increasingly, we hear administrators and politicians in Washington talk about the importance of demonstrating value. This should be straightforward for our profession: *What we do has value.* The Academy’s initiative in developing a registry for our patient outcomes will be critical to our success in showing this, as will the continued efforts by our advocacy team.

Our successes have been the result of two constant themes: innovation and commitment to our patients. We have led the medical profession in so many ways, such as the adoption of microsurgery, the mainstreaming of laser treatment, the demonstration of successful gene-based therapy, and the brilliant translational realization of anti-VEGF therapy in the treatment of neovascularization. And new breakthroughs seem imminent in areas such as prosthetics, adaptive optics, and optogenetics, for example. Despite these great advances, the need remains for ongoing development of novel ideas to help millions of visually impaired people around the world. Our Academy’s unwavering support for continued federal funding for vision research has never been more critical and valued.

Yet our commitment to remarkable outcomes at exemplary cost efficiency is accompanied by enormous pressure to increase our patient throughput. We make hundreds of quick and accurate

decisions daily about what we can and cannot do for our patients. How do we keep from losing connection with those we serve? It is critical that we continue to listen to our patients—not only those we are able to help but also those for whom we do not have a curative treatment.

We practice at a time when the challenges have never been greater: improving outcomes and quality, reducing cost, and pursuing innovation. However, regardless of external pressures, we must not compromise the dignity and depth of our relationships with our patients. I am confident that we can have it all ... and that we have no reasonable alternative.



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2013 ACADEMY PRESIDENT