

**Steven Awner, MD**  
**New York State Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *New York State Diabetes Public Awareness Campaign*

**Purpose:** 1) To provide NY state diabetic patients with information about Retinopathy and the need for an annual ophthalmic examination. 2) To raise public awareness about Ophthalmology and the New York State Ophthalmological Society (NYSOS).

**Methods:** Several large pharmaceutical retail chains were approached and one chain with 400 retail outlets in NY state has expressed interest in the project. Each month this chain dispenses approximately 93,000 diabetes-related prescriptions. Contact was initiated with the director of EyeCare America to help secure funding and educational material for the project. A one page flyer titled "Diabetes: An Eye Exam can Save Your Sight" will be distributed along with telephone and internet contact information. Those patients without an ophthalmologist will be given the names of local EyeMDs.

**Results:** Funding for this project is still pending.

**Conclusion:** Raising public awareness about blinding eye disease is possible through creative partnership with medical industry utilizing an existing retail distribution network (ie: local pharmacy stores) for maximal impact with regards to the target audience (patients with diabetes). Partnership with EyeCare America will be vital to the ultimate success of this project.

**Barbara A. Blodi, MD**  
**Macula Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Organization of a Macular Degeneration Symposium*

**Purpose:** To organize a free educational event that provides information on recent advances in macular degeneration prevention and treatment as well as on the social and emotional aspects of vision loss.

**Methods:** I participated in the organization of this free symposium held in Madison, Wisconsin. Sponsors of the symposium included both the University of Wisconsin Department of Ophthalmology and Visual Sciences and the Wisconsin Council of the Blind. The symposium was held on April 7<sup>th</sup>, 2004 and featured 15 speakers. The invited guest speakers included Russ Feingold, US Senator from Wisconsin who spoke on “Medicare and Health Care Issues for the Elderly” and Bruce Rosenthal, chief of low vision programs for Lighthouse International who spoke on “Living Well with Macular Degeneration in the Hi-Tech Revolution.” The participants heard a number of lectures on scientific aspects of age-related macular degeneration (AMD) including the role of nutrition and vitamin supplements, the genetics of AMD and the epidemiology of AMD. Several talks were given on treatment options including the results of the Age-Related Eye Disease Study, laser treatment, photodynamic therapy, surgical options and ongoing clinical trials for neovascular AMD.

**Results:** The symposium had over 900 people in attendance. Informal questionnaires after the symposium showed that participants were satisfied with the content of the talks and were very pleased with the open forum for discussion after each group of speakers.

**Conclusion:** We will continue to hold this symposium on an 18-month cycle. We hope to obtain public or private not-for-profit funding for this event.

**Beth Bruening, MD**  
**Iowa Academy of Ophthalmology**  
**Jennifer Hasenyager Smith, M.D.**  
**Illinois Association of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Resident Representatives to the Mid-Year Forum and Advocacy Day*

**Purpose:** To increase awareness among residents of the functions of the AAO and to introduce residents to advocacy through participation in the AAO Advocacy Day and Mid-Year Forum in Washington, D.C.

**Methods:** E-mails were sent to each state ophthalmologic society encouraging them to sponsor a resident to attend Advocacy Day/MYF. The residents received complimentary registration for Advocacy Day/MYF and had their travel and accommodations reimbursed by their state societies or residency program. The residents all participated in meetings with members of Congress on Capital Hill along side the other AAO Advocacy Day participants from their area. The residents were acknowledged to the entire audience during MYF and attended all scheduled functions. The residents were asked to present their experience in Washington to their fellow residents once they returned to their programs.

**Results:** Thirteen sponsored residents attended MYF/Advocacy Day in Washington, D.C., April, 2004. The residents were enthusiastic participants in Advocacy Day and well received by all meeting and Congressional participants.

**Conclusion:** This project resulted in great initial success demonstrating the desire on behalf of residents, their programs, and their state societies to become more active in advocacy and the AAO. Continued development and encouragement of resident involvement and sponsorship in the AAO Advocacy Day and Mid-Year Forum appears to be of great interest to all.

**Anna Luisa Di Lorenzo, MD**  
**Michigan Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Improving Access to Vision Rehabilitation: The SmartSight Initiative  
State Society Taskforce*

**Purpose:** To provide information to ophthalmologists at the state level about low vision services, including rehabilitation, so that they may more effectively help their patients with permanent vision loss.

**Methods:** As the population ages, the number of Americans with age-related permanent vision loss is increasing rapidly. Ophthalmologists, as leaders in eye care, need to be prepared to meet these new needs. Too often our response to patients with vision loss is that nothing more can be done. The challenge of this project, therefore, was to find ways to improve the situation. On September 20, 2003, the AAO Board of Trustees adopted a proposal for a vision rehabilitation initiative, "SmartSight", presented by the Vision Rehabilitation Committee with the "purpose of effecting a change in the standard of practice of ophthalmology as it relates to patients with permanent vision loss." Upon adoption of the Initiative by the Board of Trustees, task forces for implementation were formed. The responsibility of the Initiative Task Force for State Societies was to strategize, coordinate, and assist in providing education to colleagues nationally through state societies using modalities such as presentations at state and local meetings, newsletter articles and announcements, and other educational fora.

**Results:** Letters were sent out to state society presidents announcing the inception of "SmartSight: Making the Most of Remaining Vision" a major initiative in visual rehabilitation. A PowerPoint presentation was created outlining a straightforward plan that would enable ophthalmologists across the country to offer help easily to every patient with permanent vision loss. This presentation will be given by spokespersons identified by the state society leaders as ophthalmologists who are interested in the welfare of patients with loss of vision and need not provide low vision services themselves.

**Conclusion:** The long-term goal of this Initiative is to establish in ophthalmology a continuum of care for patients with permanent vision loss through the provision of information, provision of very basic services, and referrals for comprehensive service. The State Society Taskforce plays a central role in the implementation and success of this Initiative.

**Joy Dixon Robinson, MD**  
**Virginia Society of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Quality Eye Care*

**Purpose:** To disseminate information on quality eye care (surgery by surgeons) in order to assist the State Society and the American Academy of Ophthalmology in their efforts in obtaining support for the veterans

**Methods:** Through phone calls, e-mails and face-to-face contact, information was disseminated to veterans, veteran service officers, surgeons and other medical providers about the importance of quality eye care and surgery by surgeons. Participation on a conference call as a guest speaker allowed exchange of ideas and strategies involved.

**Results:** Information was disseminated; but, the desired final outcome in terms of quality eye care (surgery by surgeons) for our veterans has not yet been achieved. A liaison has been formed between our state society, the Academy and the veteran service groups.

**Conclusion:** Ongoing efforts and communications will continue until the desired final outcome can be accomplished.

**David W. Faber, MD**  
**Utah Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Low Vision Assistance Packet*

**Purpose:** To provide the members of the Utah Ophthalmology Society with a resource from which they can draw information about low vision services and programs to guide their patients toward assistance programs tailored toward this special patient population.

**Methods:** Many services and programs exist for individuals challenged with low vision. This project was designed to bring these resources together in a comprehensive packet so that members of the Utah Ophthalmology Society would have this as a resource for these individuals. Local programs, web pages, and societies tailored to address this unique population were enlisted.

**Results:** Information regarding low vision services was successfully compiled which includes transportation assistance, financial discounts and programs, tax breaks and exemptions, library services, support group information, web sites for the blind and visually impaired, financial institutions and assistance, subscriptions, referrals to low vision services, recreation discounts and programs, vocational rehabilitation sources, membership information for the National Association for Visually Handicapped, a blind affidavit, and utility applications for discounts. This information was presented to each member of the Utah Ophthalmology Society to maintain in their office to be utilized by their patients.

**Conclusion:** There are abundant resources available tailored for addressing the needs of individuals with low vision. Although this information and programs exist, there was not one source which provided the full continuum of these services. The Low Vision Assistance Project compiled this information which enables Ophthalmologists to provide a more comprehensive list of low vision resources for their patients.

**Ravi D. Goel, MD**  
**New Jersey Academy of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Surgery by Surgeons – Scope of Practice and Patient Safety*

**Purpose:** To educate legislators on the state and national level on the importance of proper medical school education and ophthalmology residency to perform laser surgery safely.

**Methods:** The purpose of this project was to develop a multi-media Powerpoint presentation on the risks and potential complications of laser surgery, and the need for high educational standards to insure patient safety. . The target audience on the national level were legislators and Congressional staff regarding the Veterans Eye Treatment Safety Act. As well, on the state level, the presentation would serve as a template to educate legislators on critical state scope of practice issues. Slides were prepared to define laser surgery, its current uses to treat anterior and posterior segment disease, and the precision needed to safely perform the procedure. Slides were also developed to identify potential complications and the ability to deal with such complications as comprehensive physicians and surgeons. Background slides on the pre-requisite educational requirements of optometrists and ophthalmologists were also developed.

**Results:** As part of the VETS Act Coalition, a presentation was made on Capitol Hill in February 2004 for Congressional staffers and Veterans Affairs committee members. The presentation was also made available online to members of Congress, and shared with ophthalmologists in multiple states for use in state scope of practice issues.

**Conclusions:** State and national legislators need to be educated on the potential risks of laser surgery and the need for high educational and surgical standards to insure patient safety.

**Thomas A. Graul, MD**  
**Nebraska Academy of Eye Physicians and Surgeons**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:**     *Development of NAEPS Website and Meeting Planner*

**Purpose:** To improve State Society member benefits. To improve communication between the public and member ophthalmologists and among member ophthalmologists. To facilitate planning of Fall Scientific Meeting and Spring Coding/Compliance Meetings.

**Methods:** The NAEPS website is under development through the Nebraska Medical Association. It will consist of a public area and a password protected member area. The public area will consist of general information about NAEPS, including mission statement, goals, member benefits and contact information for the Executive Committee. There will be Public Service Information regarding the Society's speakers bureau, information about pharmaceutical assistance programs and monthly AAO Awareness campaigns. There will be an extensive list of links to national and state ophthalmology and medical organizations, organizations for sight preservation and advocacy, ophthalmology journals and publications, and state and federal government organizations affecting the practice of medicine. Free advertising links to member websites will be a member benefit. In addition, the public will be able to search for a member EyeMD by city or subspecialty. There will be an online version of the Society's pictorial and biographical directory of members. Finally, there will be a list of FAQ's (frequently asked questions) regarding eye health. In the members-only area there will be a more extensive directory of members including home phone, e-mail and fax number. State ophthalmologists that are not members will be listed and identified as non-members. Online application for membership and registration for meetings will be available. Payment of dues, PAC contributions and meeting tuition will be offered in the shopping cart. There will be an online version of the society's quarterly newsletter, classified ads and practice management information.

A comprehensive meeting planner has been developed that details the steps and deadlines necessary for planning the Society's meetings.

**Results:** The tentative date for the completion and unveiling of the website is September 17, 2004 when it will be introduced and promoted at the Fall Scientific Meeting. The meeting planner is complete and ready for use by future Program Chairpersons to assist in planning the Spring and Fall meetings.



**Thomas A. Graul, MD**

*Project: Development of NAEPS Website and Meeting Planner (cont'd)*

**Conclusion:** A state society website is an effective tool to improve communication within the society and with the public. Features of the website are an important member benefit. A meeting planner facilitates the planning of a consistently strong, organized scientific meeting on an annual basis. It is also helpful in recruiting new Program Chairpersons by providing a detailed, organized method for developing State Society meetings.

**Erich Groos, MD**  
**Tennessee Academy of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Tennessee Foundation for Comprehensive Vision Care*

**Purpose:** To study the feasibility of and begin creation of a community-based organization to provide comprehensive funding to needy patients for vision care

**Methods:** Patchwork insurance coverage in America, and in particular the inadequacy of the TennCare Program to provide comprehensive vision care has led to more cases of patients lacking funds for expensive procedures, medications and devices. Local non-profit organizations address some of this need, but the effort is fragmented and difficult for patients to access. Because of the perceived need to remedy this shortcoming in the community, I approached the Executive Director of the Community Foundation with questions about structure and scope of a new non-profit. With her advice I scaled down my initial goals for a new organization and concentrated on expanding the services of an existing organization: Prevent Blindness Tennessee. The executive director of the local chapter has agreed to examine the feasibility of expanding their services. Conversations with local ophthalmologists and business leaders have identified a strong base of support in the community.

**Results:** My initial efforts have uncovered the need, form and base of support for expanding the services of Prevent Blindness Tennessee to include that of coordinating both funding and donation of services for needy patients. The staff will collect information on the cost of recommended services and compare that cost to the patient's ability to pay. The service provides a breakdown of the degree of need for each patient in each situation with recommendations for patient payment, provider donations (discounts) and outside funding from either grants or loans. The service will function in many ways like a college financial aid department. The initial pilot would feature staff necessary to implement the services described. In addition, the organization would support lobbying efforts to provide physicians the tax benefits of donating their services to the foundation on behalf of individual patients. The foundation would only seek to create an endowment for loans and grants if efforts to expand the pool of donating providers failed.

**Conclusion:** The need and support for an organization to help patients afford necessary vision care exists. The task of creating a group of people to simplify and eventually amplify the options for funding will require several years of planning and the help of many in the community.

**Erich Groos, MD**

*Project: Tennessee Foundation for Comprehensive Vision Care (cont'd)*

The positive impact on the lives of these patients will overshadow but enhance the positive image of ophthalmologists working with local officials, businesses, physicians and other providers (even optometrists). If the foundation is effective in lobbying for change in IRS rules regarding donated medical services, the economic impact on access to care for the underprivileged would be immense not only for vision services but for all medical services.

**Bryan J. Hammer, MD**  
**South Dakota Academy of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Building Coalition between the South Dakota Academy of Ophthalmology and the South Dakota State Medical Association*

**Purpose:** This leadership development project has two primary goals: first, to develop and improve the working relationship between the South Dakota Academy of Ophthalmology (SDAO) and the South Dakota State Medical Association (SDSMA); second, to develop a strategy with other medical specialties to improve our response to legislative issues specific to Ophthalmology as well as those that are common across medical disciplines.

**Methods:** As a sparsely populated state with a small number of ophthalmologists, we consistently struggle with grass roots legislative efforts. With 37 ophthalmologists (28 of whom are members of SDAO) we lack the resources and numbers to execute effective lobbying efforts. Due to this our involvement with our state medical association is crucial. We have emphasized the need for involvement at the local and state level by our membership at our annual SDAO meeting. We are strongly encouraging all of our membership to be more actively involved on a local level as well as the state level. The SDSMA is currently in the process of reorganizing its governance structure. Through discussions with the leadership of the SDSMA we have been offered a seat on the SDSMA's Board of Councilors. Continued networking with the SDSMA will be ongoing with the goal of placing one of our members on the Legislative Affairs committee.

**Results:** The SDAO has been offered a seat on the Board of Councilors of the SDSMA which we have accepted. Our goal is to actively participate with the SDSMA at this level in an ongoing basis. Benefits to both organizations include; improved relationship between Ophthalmology and other medical specialties, increased grassroots communication efforts with legislators, and increased involvement in the SDSMA by SDAO membership.

**Conclusion:** The participation of the SDAO in the SD State Medical Association has already improved as the result of improved relationships and active networking with SDSMA leadership.

**Paul M. Henry MD**  
**Arkansas Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Adding Coding Resources to the Arkansas Ophthalmologic Society Web Site*

**Purpose:** To enhance AOS member benefit with an easily accessible/updateable location, regarding coding issues

**Background:** The Academy and several different consulting groups provide educational opportunities regarding the medical and surgical coding process. This process is imperfect and does not address specific nuances particular to our state. These nuances can have a significant impact on our practitioners' ability to provide care, specifically in academic centers. Having practiced in both environments, I am aware of differences. As an academic provider, I was never able to evaluate if the code I used was correctly interpreted and reimbursed. As a private practitioner, I review the coding system and find consistent irregularities with certain providers. Specific examples include ignoring modifiers for second eye procedures with eye muscle surgery and reimbursing less for a complicated/pediatric cataract than for a regular cataract surgery. These coding irregularities are a detriment to the academic center and private practitioners. The academic center loses its ability to train residents and attract and retain staff as more pressure is placed on it to produce its own income. The private practitioner is at risk for losing a subspecialty referral center, and a resource for future colleagues and partners.

**Methods:** A downloadable spreadsheet of ophthalmic specific medical and surgical codes was generated. The top 6 insurance providers were identified along with the phone number and/or web site of where coding reimbursement information can be obtained. Consistent coding irregularities are being identified. AOS members and their staff are being informed about how to correct the mistakes on both sides of the transaction. Solutions to these problems are also being provided.

**Conclusion:** By providing current and accurate coding information the members will benefit by addressing coding inconsistencies, which will directly increase reimbursement.

**Scott A. Limstrom, MD**  
**Alaska State Ophthalmological Association**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Public Service Announcements representing the Alaska State Ophthalmological Association.*

**Purpose:** To develop a small scale public relations program providing information regarding common sight threatening conditions for the general public.

**Methods:** In conjunction with Frank Bickford, Executive Director of The Alaska State Ophthalmological Association, and myself, we designed three Public Service Announcements to be aired over public radio stations. The announcements are designed to provide general information regarding ophthalmic conditions of interest to the general public. We chose to provide information regarding diabetic retinopathy, eye injuries, and cataracts. In addition to educating the public, the announcements help increase the public awareness for Eye MD's providing reference to the Alaska State Ophthalmological Association.

**Results:** Our Public Service Announcements will begin airing in Alaska during the fall of 2004.

**Conclusion:** It is possible to develop an effective public relations campaign using Public Service Announcements at minimal or no cost.

**George Nardin, MD**  
**Hawaii Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project #1:** *Hawaii Ophthalmological Society Website*

**Purpose:** To develop a website for the Hawaii Ophthalmological Society

**Methods:** Because of the geographical and cultural peculiarities of the state of Hawaii we felt that a website dedicated to our society would be a useful tool for our patient population that is becoming more versed in the use of the internet. It needed to feature a complete listing of the members of the society and biographical sketches of each member. It should, as well, include links to the websites of those members who have them and would elect to use this feature. It should have a public service page available to anyone who goes to our website. This page should include public service information about diabetic eye disease, glaucoma, cataracts, refractive surgery and other topics of interest and value to our patient population. Additionally, it should educate the public about the value of ophthalmologic as opposed to optometric eye care and, in accordance with the AAO's eye M.D. program, should promote the differences between these specialties. We felt the website should offer a password protected area for members of the society to obtain the minutes of our monthly meetings, general membership information, meeting notices, and other information items for members only.

**Results:** With input from several members of the society the website was established in March of this year. All members have a password and are able to log onto the restricted area to obtain minutes from the monthly meetings. Several members of the society have established links to their own websites. We have a public information page with items of general interest. As of May our monthly meeting information and minutes have been published on the website and are no longer sent by mail. According to our webmaster we are experiencing a modest (but growing) number of monthly "hits".

**Conclusion:** While our site needs polishing and improvements, it has thus far been well received by the membership and represents a good start at providing our community with ophthalmology driven public information and our Hawaii Ophthalmological Society with a repository for society information.

**George Nardin, MD**  
**Hawaii Ophthalmological Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project #2:** *Hawaii Ophthalmological Society Campaign to Preserve Eye Surgery for Ophthalmologists*

**Purpose:** 1) To implement a “grass roots” letter writing campaign urging members of the US Congress to sign on to and support the Veterans Eye Treatment Safety Act and 2) to attempt to invigorate the members of our state eye society to become more active and involved in political affairs and restore a sense of empowerment to the members of our profession.

**Methods:** I developed a set of letter templates together with the models provided by the AAO that we kept available to patients who were willing or interested in supporting the VETS act. The proposal to members of our society was to take the time to explain the VETS issue to two patients (or more) per day in the course of clinical practice. If a patient was interested and willing, he was asked to write a letter of his own in support of the VETS act or he was offered one of our letter templates. We also provided postage or fax service to send the letters for the patient. This method was meant to offer the ophthalmologists in our society a manageable task that could have clear and recognizable results if we were able to get our congressman to support the VETS act. If our campaign were effective, we would be helping our patients and our profession. Further, if we were successful, we could restore some confidence among our members that we are able to influence what is happening to our patients and our profession. Ultimately, it was felt, this might lead to greater involvement in society activities by members of our society.

**Results:** The letter writing campaign generated nominal interest by a few (already) active members. Most people, however, continued to be detractors of any idea requiring their active involvement. But it did spur a series of lengthy discussions on the subject of political action by members of the society and the need for broader participation by our membership. In the course of these discussions two junior members of our society became very active in our political affairs and have assumed responsibility for organizing political activities and getting members of the society to support them in a series of meetings, campaign fund-raisers, and scheduled discussions with legislators and our governor.



**George Nardin, MD**

Project #2: *Hawaii Ophthalmological Society Campaign to Preserve Eye Surgery for Ophthalmologists*

**Conclusion:** The letter writing campaign was by my measure a failure. However, there has been a less direct beneficial result of the effort and the ensuing discussions at our society meetings. We now have two very active and enthusiastic members of our society who have assumed responsibility for coordinating the political activities of our society. Their enthusiasm and assertiveness have thus far been effective in getting other members of the society committed to at least modest participation.

**Mark Packer, MD**  
**American Society of Cataract and Refractive Surgery**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *How to Create the Successful Practice Partnership*

**Purpose:** To create an educational presentation to help ophthalmologists initiate, develop and maintain successful partnerships.

**Methods:** The creation, growth and development of a successful practice partnership, which establishes and maintains a profitable business while fulfilling the needs and goals of both senior and junior members, represents both an opportunity and a challenge for ophthalmologists. Divisive elements such as egotism and greed tend to destroy chances for fellowship, which might otherwise allow the successful undertaking of even difficult tasks. On the other hand, the realization that methods exist to create partnerships which benefit all members (the win-win situation) may help ophthalmologists to overcome the hurdles of insecurity and fear which block the way to open-minded appreciation of alternatives. The fundamental principles of successful partnerships include 1) a clear concept on the part of each member of his or her individual personal and professional goals, 2) a well-delineated, shared vision of essential goals that all members recognize and constitute the meaning of success for the practice, and 3) a willingness to compromise on the part of all members in order to realize the essential goals of the practice.

In addition to these principles, certain basic methods for creating and maintaining partnerships should be recognized, including 1) the establishment of channels for ongoing communication among partners, 2) the development of techniques for achieving consensus on important issue, and 3) the use of expert consultants in the areas of practice valuation and financial management.

Some specific suggestions can be made which will facilitate partnership success.

1) While senior partners may look towards junior partners as a component of their exit strategy, they should realize that junior partners will not remain happy serving solely as a source of income for their senior counterparts. Aiming for fairness in all transactions will generally produce the best results.

2) Senior partners ideally serve as shepherds of the careers of their junior counterparts, but nevertheless must be willing to make room for differences and allow their juniors to function as independent physicians and surgeons. Junior partners, on the other hand, should ideally be willing to “do what it takes” to build their practices.

**Mark Packer, MD**

*Project: How to Create the Successful Practice Partnership (cont'd)*

3) Practice operations, mechanisms for sharing overhead, distribution of profits and arrangement of the buy-in/buy-out agreement should be decided by consensus.

**Results & Conclusion:** Ultimately the successful maintenance of a long-term practice partnership depends upon each member feeling fairly compensated, professionally satisfied and personally confident in the future.

**James F. Ronk, MD**  
**Oklahoma Academy of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Increasing Membership In Our State Society*

**Purpose:** To increase membership and involvement in the Oklahoma Academy of Ophthalmology, so that ophthalmologists will have more influence on key issues affecting our state, such as Scope of Practice and Tort Reform.

**Methods:** Nonmembers were contacted by phone, fax, and with face-to-face meetings. An “Oklahoma Town Hall Meeting” in Oklahoma City jointly sponsored with the AAO Regarding the Scope of Practice issue helped to boost interest and membership in the state society.

**Results:** Membership has increased and Oklahoma ophthalmologists are more engaged.

**Conclusion:** This project is a work in progress, but as we increase our membership we increase our ability to have influence on the political issues affecting our state, so that we may better serve our patients and the citizens of Oklahoma.

**Stefan Seregard, MD**  
**European Society of Ophthalmology**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *The European Leadership Development Program*

**Purpose:** To develop and implement a Leadership Development Program (LDP) for European ophthalmologists.

**Methods:** A European LDP structure will be designed and refined with the support of the AAO staff, the Executive Council of the European Society of Ophthalmology (SOE), graduates from the Panamerican LDP and initial administrative help from St Eriks Eye Hospital, Stockholm, Sweden. Funding is expected from the industry and the SOE.

**Results:** A European LDP for ophthalmologists is currently being developed and implemented. Some 10-15 European ophthalmologist will be nominated for the European LDP by the SOE Executive Council and will attend 4-5 meetings through a 2-year period. The Program is expected to start with a short introduction at the 2005 SOE Congress in Berlin, Germany, continue with working meetings in Stockholm, Sweden (spring 2006), at the American Academy of Ophthalmology (AAO) Meeting in Las Vegas, NE (autumn 2006), in San Francisco, CA (combined with the AAO LDP working meeting) and finish at the SOE 2007 Congress in Vienna, Austria. A preliminary itinerary has been discussed and approved by the full Council of the SOE in June 2004 in Ljubljana, Slovenia.

**Conclusion:** The planning for a European LDP is in progress. The graduates will acquire the skills necessary for assuming leadership positions in their various national organizations and societies. Ophthalmology as a medical discipline will be promoted. A close relation between ophthalmologists attending the European LDP and their colleagues attending the American and Panamerican LDPs will be established and this will enhance international collaboration within the ophthalmic community.

**Steven C. Thornquist, MD**  
**Connecticut Society of Eye Physicians**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Children's Health Coalition as a Tool for Achieving Vision Screening*

**Purpose:** To implement the AAO policy on pediatric vision screening by attracting support of other child health advocates

**Methods:** Optometrists have been promoting an agenda of mandatory "complete" eye examinations in an effort to expand their patient base. They have been aided in this endeavor by the optical industry, which, according to its own publications, senses an untapped market. Together, these forces have formed the Vision Council of America to promote their agenda through legislatively mandated eye examinations for all school-age children. A coalition to promote appropriate screening was felt to be the most effective approach to combating this offensive. Using a local lobbying and political research firm, we convened a meeting of child health advocacy groups in advance of the legislative session to discuss issues of common concern. With the consensus of the assembled groups, a few obtainable goals were agreed upon for endorsement by all of the attendees, including universal vision screening before school.

**Results:** This widespread endorsement was helpful in including screening language in a broader school-age health initiative, which was adopted by the legislature and signed into law.

**Conclusion:** A broad-based coalition of child health advocates can be instrumental in obtaining universal vision screening for school-age and pre-school children, furthering Academy initiatives. Bridges built in this fashion can help in furthering other public health and Academy initiatives. This project can be readily replicated in other states.

**Russell Van Gelder, MD**  
**American Uveitis Society**  
**2003-2004 Leadership Development Program**  
**Project Abstract**

**Title of Project:** *Organizing a Uveitis Patient Advocacy Group*

**Purpose:** To implement a patient support/advocacy group to improve care for patients with uveitis.

**Methods/Results:** Uveitis is the fourth leading cause of blindness in the USA. The National Uveitis Support Group (NUSG) was established as a 503(c) not-for-profit corporation in the state of Missouri (final approval of by-laws pending). The organization was established in two components: 1) A national umbrella organization, and 2) local chapters. The purpose of the organization is to a) provide mutual support and information for patients diagnosed with uveitis; b) perform fund raising for research in uveitis and for the training of uveitis specialists, and c) to act as advocate for patients with uveitis in dealings with the Food and Drug Administration, insurance carriers, etc. Incorporation documents and by-laws were prepared with the aid of Washington University Law School faculty and students, and submitted to the Secretary of State. Corporate executives were chosen, primarily consisting of patients with disease. Funding for group activities is presently being solicited from pharmaceutical manufacturers. An inaugural meeting and membership drive is planned for this fall.

**Conclusion:** This program will provide value to patients with uveitis in many ways, and will help form a community to improve outcomes for patients with uveitis, by acting locally and nationally to help address pressing needs in the field, including increased research, education, and particularly by lobbying for better access to off-label uses of newer uveitis medications.