

James Chodosh, MD
Ocular Microbiology & Immunology Group
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Morbidity Conference: A New Model for Ophthalmology Residency Training*

Purpose: To develop a confidential setting for ophthalmology residents to discuss adverse patient outcomes, and to expose residents to the current literature in safety science and its potential applications to the practice of ophthalmology.

Methods: A bimonthly conference attended by PGY-3 and -4 level ophthalmology residents and 2 faculty surgeons at the Dean A. McGee Eye Institute was initiated. Conference content was planned to mix sharing of personal experiences by participants with review of selections from the safety, medical outcomes, and medicolegal literatures.

Results: A curriculum was successfully developed to expose resident participants to safety science, the current literature on errors in medicine, and new concepts in doctor-patient communications. Attention was directed to a systems approach to medical practice. Participants successfully followed the “what happens in Vegas stays in Vegas” philosophy between conferences.

Conclusion: A new conference model for resident education to assist with the avoidance and management of adverse outcomes was developed. Residents were exposed to principles of safety science, a systems approach to ophthalmic practice, and modern approaches to patient communication.

Roger Dailey, MD
American Society of ophthalmic Plastic & Reconstructive Surgery
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Promotion of Organized Subspecialty Advocacy*

Purpose: 1) Attempt to improve relations among various surgical specialties that operate on the head and neck. 2) Identify common issues and streamline advocacy, thereby increasing political efficacy and efficiency. 3) Make patient safety a priority in this process.

Methods: Numerous telephone contacts have been made with Presidents, Executive Vice-Presidents and/or the directors of PACs of pertinent subspecialty organizations such as the AAO, AMA, ACS, AAD, AAFPRS, ASPS, etc. A long-term advocacy plan for ASOPRS was presented to the Executive Committee in June, 2005. Visits to congressmen at Advocacy Day, April, 2005.

Results: 1) Long-term plan of action being formulated by ASOPRS Executive Committee to organize advocacy within the society. A physician has been identified to head up this effort. Initial plans to be finalized October 2005. 2) Several meetings planned with representatives of above subspecialty organizations over the next 15 months. 3) Joint effort of subspecialty organizations and industry initiated to advocate against cosmetic surgery taxation in states where this legislation has been introduced. Financial assistance from the AAO bolstered ASOPRS participation in 2005. 4) Joint advocacy efforts are being promoted to effectively deal with tort reform. 5) Increasing appreciation of the role of advocacy as it pertains to patient safety based on increased dialogue and participation of subspecialty groups.

Conclusion: Over the past 8 months, the ASOPRS Executive Committee and other subspecialty organizations have increasingly seen multiple advantages of cooperation and joint advocacy. It would appear that we will be seeing more of this type of activity in the future for the probable benefit of patients and practitioners alike.

Anita Dash-Modi, MD
Ohio Ophthalmological Society
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Ohio Youth Sports Safety Symposium*

Purpose:

1. To assemble a group of healthcare providers, athletic administrators and policy makers and discuss youth sports safety and injury prevention.
2. To bring physicians and legislators together on an issue that raises public awareness.
3. To establish a model for youth sports safety that could be used in other states.

Methods: A symposium is scheduled for September 14th, 2005. The agenda will include various sports safety issues including (among others) the presence of defibrillators at sports events, the role of insurance coverage, and violence in sports Use Play Hard Don't Blink program (a sports eye safety program for children established by the Ohio Ophthalmological society which provides face shields to little league baseball throughout Ohio and has raised public awareness of sports eye injuries) as a success story on the importance of getting involved.

Results: pending symposium scheduled for September 14th

Conclusions: pending symposium scheduled for September 14th

Steven H. Dunn, MD
Texas Ophthalmological Association
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Texas Ophthalmological Association Liaisons to Texas Local Societies*

Purpose: To disseminate the TOA's political and economic agenda at local society meetings, in an effort to raise awareness, and support for state issues.

Methods: Originally, I proposed to use local society presidents as the liaisons. They would attend the TOA meetings and disseminate the TOA's agenda at their local society meetings. This proposal was not well received by the TOA council members. Although the council supported the spirit of the project, they noted that they have invited representatives from the local societies many times, but no representative has ever attended a TOA meeting. Currently, I am proposing that a volunteer from the TOA council acts as the liaison to their local society, hopefully with the same results.

Results: Results are pending.

Conclusions: I realize now that this is a long term project, but I believe that it will be successful.

K. David Epley, MD
Washington Academy of Eye Physicians & Surgeons
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Washington Academy of Eye Physicians & Surgeons Advocacy Campaign*

Purpose: To increase awareness amongst ophthalmologists in the State of Washington about the necessity of political activism in the role of the modern ophthalmologist; to supply ophthalmologists with the means and resources to become more politically active on multiple levels.

Methods: 1) A change was made to our State Society's dues billing to automatically include a contribution to Physicians EyePAC. Physicians still had the choice not to contribute, but had to "opt out" and take action not to contribute. 2) A booth was constructed including a large posterboard with the critical steps necessary to become politically involved: "The Ophthalmologist's Guide to Political ACTivism" (Acquaint, Commit, Talk). 3) A CD-ROM was designed and written with the key resources necessary to help shape ophthalmology's future in the ophthalmologist's new role as physician, surgeon, community ambassador and political activist. The contents of the CD-ROM were placed on the Society's website: www.eyecademy.org.

Results: 1) Physicians EyePAC contributions rose from 19% in 2004 to 68% in 2005. Most people elected the "automatic" contribution of \$300, although some did write in different amounts. The society did not lose a single member as a result of the change in dues billing structure. 2) Our annual meeting was attended by 196 physicians. Over two dozen stopped by the booth to ask questions. 3) We estimate that 80% received a CD-ROM at the meeting. We've had an increase in hits to our website's Legislative Affairs page since adding the ACTivism resources.

Conclusions: Changing the dues billing structure is a very effective way to encourage State Society members to be involved on a basic level. It has little (none in our case) impact on the Society's bottom line, but a huge impact on the Society's influence politically in the state through better PAC funding. It also sends a message to reinforce the concept that an ophthalmologist today has to be more than simply a good physician and surgeon. It is more difficult to assess the effectiveness of the booth and CD-ROM/website resources in the short run. We hope that these resources will not only be useful to our Society members, but that they will reinforce this sea-change in the role of the ophthalmologist.

K. David Epley, MD

Project: Washington Academy of Eye Physicians & Surgeons Advocacy Campaign (cont'd)

We expect to see increasing involvement by ophthalmologists in political affairs over the next decade. The project was a successful way for the Washington Academy of Eye Physicians and Surgeons to launch this long-term campaign.

Edgar C. Gamponia, MD
West Virginia Academy of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Relationship and coalition building against optometric scope of practice issues.*

Purpose: To develop key relationships which would play roles in a coalition to fight potential scope of practice expansion.

Methods: Originally, emphasis was made on building relationships with major organizations in order to rapidly organize a coalition against future scope of practice issues. Meetings with the West Virginia State Medical Association, West Virginia University Eye Institute representatives, veteran organizations, AARP, the state's medical schools, as well as key legislative leaders were planned. Involvement with the state medical association led to my appointment to their legislative committee, which meets regularly to oversee and evaluate all healthcare-related legislation introduced during the legislative sessions. During the course of the year, optometric-supported legislation was introduced in the House of Delegates for pre-kindergarten comprehensive eye exams. To defeat this bill, meetings were held with delegates on the committee where the bill was introduced. Important education to these members was provided which helped to prevent this legislation from moving forward. Alliances were made during this effort, particularly with the school nurses association, the teachers union (WVEA), family practice physicians, pediatricians, and other children's healthcare advocates. One prominent legislator has given his support to sponsor a vision-screening bill during the next legislative session. This fall we hope to move forward with these relationships in order to introduce a vision-screening bill for the 2006 legislative session.

Results: Relationships have been developed during the past year particularly with the defeat of a recent comprehensive eye exam bill that we hope will continue to be beneficial for future legislative issues. Becoming a member of the state medical association's legislative committee will also help oversee future healthcare bills and will add the support of the state medical association against future scope of practice issues.

Conclusion: In West Virginia politics, coalitions tend to be more successful than any "stand alone" organization. Our efforts to coordinate interested and affected parties help defeat recent comprehensive eye exam legislation and will hopefully ensure success at passing a vision-screening bill during the 2006 session. These relationships may provide a basis to respond in a rapid manner to any scope expansion legislation that may be introduced. Coalition and relationship building is an ongoing and continuous project. Relationship building needs to continue to ensure the continued success against future scope of practice endeavors.

Marko Hawlina, MD, PhD
European Society of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Harmonization of education standards within Europe and with the US.*

Purpose: To develop a strategy to unify education standards in Europe and to compare these with U.S. standards. There is considerable diversity in education standards in the geographical Europe with quality gradient from west towards the east. European Society of Ophthalmology (SOE) is the supranational body that deals with education standards on the whole geographical territory of the Europe, whilst EBO (European Board of Ophthalmology, body of the Section of Ophthalmology of Union Europeene de Medecins Specialistes- UEMS) deals with education standards of the EU member states. In 2004, ten new countries have become member states of the EU and, in 2007, further new countries are expected to join EU. Within EU, no formal restrictions of mutual qualification recognition apply, therefore similar education standards are essential. Joint strategy is needed between the countries of “old Europe” and “new Europe”. European strategies will also be compared to U.S. strategies with the aim to benefit both.

Methods: Supranational and national societies were contacted by e-mail, phone, fax and face-to-face meetings. Situation was ascertained by questionnaires and interviews. New proposals have been put forward to inform future EU countries with EBO and EU teaching requirements and examination practices. Also, new proposals have been given regarding reduction of the differences in ophthalmic out- and in-patient management, especially through teaching visits of the residents to the established teaching centres, which is long-term activity of the SOE and recently expanding by the EBO.

Results: Questionnaires showed that the duration of ophthalmic education across Europe varies from 3 to 6,5 years. Ophthalmic practices also vary, especially outside the EU. European Board of Ophthalmology residency logbook with preferred duration of training of 5 years (not less than 4 years) was presented in 2004 and was acknowledged as the backbone of the new curricula and to adapt the older ones. Variety of literature sources and especially new issues have been evaluated for residency education and compared to source books issued by the AAO. A strategic meetings have been called to address these question, first at the SOC-DOG congress at Berlin in September 2005 and then, with U.S Program Directors Council at AAO meeting in Chicago in October 2005.

Marko Hawlina, MD, PhD

Project: Harmonization of education standards within Europe and with the US (cont'd)

Conclusions: Good teaching patterns are being redefined, presented and applied to reduce difference in ophthalmic education on all the geographic Europe. This is long-term process that would preferably be addressed together by the DOE and the EBO and transferred to the national societies. European and American teaching practices would also preferable be as similar as possible and good experience exchanged to the benefit of all.

Leon W. Herndon MD
American Glaucoma Society
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Pay For Performance for the AGS*

Purpose: To identify measures in the field of glaucoma that could be used to serve as performance indicators that represent standard of care and affect quality of care.

Methods: Any proposal to fix or eliminate the Sustainable Growth Rate (SGR) formula this year will contain provisions to begin to move Medicare toward a system of paying for performance and/or paying for reporting of quality data. Physicians need to be a part of the solution to fix the SGR and need to step forward to work towards a positive solution to improve quality as we work with the Centers for Medicare and Medicaid Services (CMS) and Congress on a parallel effort to fix the physician payment formula. To that end, five measures for all of ophthalmology, and 3 – 5 measures in each subspecialty area were proposed to serve as benchmark performance indicators. If the Pay for Performance (P4P) proposal is implemented at the government level, the proposal is to qualify the physician for performance pay by their reporting back that they perform these simple measures.

Results: CMS is replacing the three measures they had developed for ophthalmology with six that were proposed by leaders of various subspecialty groups. This provides ophthalmology with more options than most other specialties. Specifically for glaucoma, the accepted measures were: 1) Central corneal thickness measurement documented for a patient who is a primary open angle glaucoma suspect, or measurement was already recorded in their medical record, and 2) Chronic open angle glaucoma patient documented to have received optic nerve assessment.

Conclusions: What has emerged as the consensus viewpoint from the various meetings and alliances is that although CMS can use quality indicators as listed above in trial programs, for the real "pay for performance," validated performance measures that have received approval from the National Quality Forum will be needed. The Academy has joined the National Quality Forum (NQF) and is working with the AMA Physician Consortium for Performance Improvement to further validate our starter set of measures according to a set of scientifically-based criteria.

Nancy M. Holekamp, MD
Missouri Society of Eye Physicians and Surgeons
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Bringing RAP to Missouri*

Purpose: To implement a three-year Residents Advocacy Program (RAP) in three ophthalmology residency training programs in Missouri on behalf of the State Society.

Methods: A one hour presentation on professional advocacy issues geared toward ophthalmology residents was arranged by contacting the chief residents and/or residency program directors of three ophthalmology training programs in Missouri. A power point presentation was created, drawing upon numerous resources including: The BCSC volume on advocacy for ophthalmology, RAP lecture materials previously used in other states, experience from the AAO congressional advocacy day, and communications with the MoSEPS leadership. The lecture was designed to provide practical insights to residents on how political, legislative and regulatory activities impact the profession.

Results: Residents in ophthalmology training programs are enthusiastic and eager recipients of knowledge relating to advocacy. The small, informal lecture format invites engaging questions and robust discussion. Furthermore, exposing residents at multiple training programs to advocacy issues is relatively simple and economical, and can be accomplished by a single volunteer willing to donate a small amount of time every year.

Conclusions: Exposure to advocacy issues during residency training is important to the future of ophthalmology. Expanding this first year of lectures into a fully integrated, repetitive, standardized part of a three year curriculum should be feasible and is facilitated by: receptive residents/training programs, sharing of RAP material from other successful programs, and identifying a single, dedicated volunteer in each ophthalmic community who can offer consistency and permanence to RAP lectures.

Johanna M. Jensen, MD
Idaho Society of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Increasing Idaho Society of Ophthalmology Membership by Creating a Website*

Purpose: To increase ISO membership, and to establish a website to promote Idaho EyeMDs, educate patients, and improve member communications across our large state.

Methods: The ISO website was last updated in 1999, and went offline in 2004. Idaho's 54 ophthalmologists are geographically diverse, and few avenues of communication between members currently exist. ISO's website will have legislative updates, member contact information and personal website links, and local/state/national meeting information. Public information regarding eye diseases and treatment, EyeMD contact information, and legislative matters of interest will also be available. Other possibilities include meeting registration, email, patient medication-assistance programs, and limiting certain features ISO members. Online and local data searches allowed us to identify four new ophthalmologists who, along with the other nonmembers, were solicited for comments regarding the website, and received information about the state society.

Results: Of the 54 Idaho ophthalmologists, ISO member participation increased from 72% to 74%. With an upcoming CodeQuest meeting, we anticipate a larger response because of a steep discounted rate for ISO members. Funding for the website is currently pending, but a preliminary site is predicted for the beginning of November.

Conclusion: A state society website can be an effective tool for communication between members and a source of information for patients. In addition, it provides additional benefits that can increase membership.

Helen K. Li, MD
Women in Ophthalmology, Inc.
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Growing WIO's International Membership*

Purpose: As Membership Development Director for Women in Ophthalmology (WIO), my goal is expanding our organization's membership. I have a special interest in growing our international membership. Women ophthalmologists in this country have a lot in common with ophthalmologists around the world. We share professional goals and concerns in personal and professional lives. We all balance careers with family.

WIO is a professional organization of women eye MDs founded 15 years ago to enhance and improve the professional environment for women ophthalmologists. WIO encourages diversity, impartiality and economic parity. Considerable time and effort is devoted to expanding networks that support women ophthalmologists' career objectives. We provide tools to support their personal goals. We also cultivate new opportunities for professional leadership, education, and public service. WIO offers unique opportunities to mentor and to be mentored. WIO organizes get-togethers at ASCRS and AAO, including a scientific symposium and roundtable Breakfast with the Experts at AAO.

WIO also holds an annual summer symposium in the mountains. Now in its seventh year, the WIO Summer Symposium offers CME credit for scientific and practice management programs. We also hold workshops and programs on personal, professional and, for those in academia, faculty development topics. The summer symposium is a relaxed gathering of colleagues, significant others and children – a unique opportunity to balance career and family.

Methods: I created a DVD movie of photographs taken during the recent WIO 2005 summer symposium (May 27 – 30, 2005 in Jackson Hole, Wyoming). Set to music, the 15-minute show captures the mood, flavor and energy of WIO and the symposium. It also speaks volumes, in the international language of pictures and music, about WIO camaraderie. Sixty copies were distributed to attendees who were asked to share the movie with colleagues and associates. The movie is also being combined with photo books of the symposium to be displayed at other national professional meetings for membership recruitment. DVD movies will also be mailed with WIO informational brochures (targeted to international membership) to ophthalmology society leaders in Canada, South and Central America, Europe, Asia, Africa and Australia. The leaders will be asked to share the movie with their own membership and to add a WIO link to

Helen K. Li, MD

Project: Growing WIO's International Membership (cont'd)

their Web site. WIO will reciprocate Web links, allowing up-to-date information to be distributed and available to women ophthalmologists around the world. Future WIO summer symposia will incorporate international issues within current and expanded programs.

Results: Digital technology will allow us to partner, share experiences and showcase the benefits of membership in WIO to women everywhere. As international membership grows, consideration will be given to expanding WIO's Web site and electronic newsletter to incorporate global women-in-ophthalmology issues. Web pages or Web articles could focus on country or continent-specific topics and relate them to solutions found in other member regions.

Conclusion: The world is getting smaller. By sharing WIO experiences through partnerships and the use of modern information and communication technology, we will extend the benefits of membership to our global colleagues.

*DVD movie and photo book were submitted with this abstract.

Mathew W. MacCumber, MD, PhD
American Society of Retina Specialists
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Diagnostic Testing and Treatment of Retinal Diseases by Optometrists*

Purpose: To outline the status and potential for expansion of optometric scope of practice in the diagnosis and treatment of retinal diseases. The risks of fluorescein angiography are highlighted with related recommendation to the AAO for the initiation of a basic cardiopulmonary resuscitation (CPR) course at the AAO annual meeting.

Methods: A “white paper” description and analysis of pertinent information derived from the internet, medical literature, and AAO files for presentation to the American Society of Retinal Specialists (ASRS) board. A proposal letter for a basic CPR course was submitted to the AAO from the AMA Ophthalmology Section Council.

Results: Organized optometry has attempted to expand its scope of practice into diagnostic testing and treatment of retinal diseases in part because of imprecision in state regulation (as in Oregon) or changes in state law (as in Oklahoma). Weekend and internet courses have been performed to teach optometrists injection and other surgical techniques. Optometric retinal fellowships and an optometric retina society have been organized. Optometrists have billed for many retinal diagnostic tests; in particular, about 1 in 300 unilateral fluorescein angiograms were billed to Medicare in 2002 despite potential patient risk. The ASRS board recently voted to publish these findings in Retina Times, its official publication. The AAO chose not to implement a basic CPR course at the AAO annual meeting this year, citing that these courses are readily provided locally.

Conclusions: Insufficient training of optometrists may lead to inappropriate use, duplication, performance and inaccurate interpretation of diagnostic tests, thus threatening the care of patients with retinal diseases. Optometrists with grossly insufficient training might legally perform retinal surgical procedures through change legislation. The ASRS should work in concert with the AAO to preserve the safe delivery of care for retinal diseases.

Linn M. Mangano, MD
Indiana Academy of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Promoting vision screening by building relationships between Eye M.D.s and Primary Care M.D.s*

Purpose: To promote compliance with the AAO/AAP/AAPOS policies on pediatric vision screening and to strengthen contacts between Eye MD's and Primary Care MD's through educational materials provided by the Indiana Academy of Ophthalmology (IAO).

Methods: Despite AAO/AAP/AAPOS guidelines published in 1995 and legislative mandates in some states, 50% of children do not get appropriate vision screening. Equally alarming is the fact that 50% of children who fail vision screening do not get proper follow-up. In this vacuum, political pressure from industry and optometry has influenced vision screening legislation in several states as well as nationally. These proposals appear to be altruistic but upon further investigation reflect market forces rather than the goals of true screening.

Educational materials describing the goals of pediatric vision screening and reinforcing AAO/AAP/AAPOS guidelines will be developed in two formats: script/slides and poster. These materials are intended to facilitate presentations to increase awareness about pediatric vision screening and to establish key contacts between Eye MD's and Primary Care MD's. Relationships fostered by this exercise are essential as we advocate screening as an effective tool in the eye care of children as well as the best use of scarce health care dollars.

Results: The lecture and poster will be presented at Pediatric Department Grand Rounds and at the Indiana University Department of Pediatrics Child Conference March, 2006. After this "beta test" the materials will be finalized and promoted by the IAO, available to the membership for use statewide.

Conclusion: Despite current guidelines and laws many children do not receive appropriate vision screening and follow-up. Materials provided by the IAO will promote effective pediatric vision screening. A coalition of professionals can better influence public policy to ensure that pediatric vision screening guidelines and legislation are in the best interest of all children.

David S.C. Pao, MD
Pennsylvania Academy of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Pennsylvania Residents Advocacy Program*

Purpose: 1. Get residents involved in advocacy matters at state and national levels. 2. Emphasize that state legislative policies directly determine the scope of practice for physicians and non physicians. 3. Increase the number of residents who remain in Pennsylvania after they complete their training.

Methods: Hosted 2 dinner meetings for residents in Philadelphia in December, 2004 and May, 2005. The dinner meetings were funded by the Pennsylvania Academy of Ophthalmology (PAO). At present, there is no need to ask for industrial sponsorship.

Results: Both dinners were well attended by 20 residents each time. Topics included the state of ophthalmology in Philadelphia (not far back to Benjamin Franklin), state and national legislation. An attorney was a guest speaker at the second meeting. His topic was “Young Doctors Employment Contact”. Six residents (four from Wills Eye and two from Scheie Eye) attended Congressional Advocacy Day and Mid-Year Forum in 2005. Funds were provided by the PAO, Wills Eye Hospital and Scheie Eye Institute. Wills Eye Hospital Society will fund their residents annually for these meetings. PAO will continue funding two residents annually. Only one resident plant to stay in Pennsylvania after training due to family reasons. The state liability legislation and reimbursement by third party payers (monopoly) continue to foster inhospitable climate to practice in PA. The PAO has increased its membership through these residents. Those that leave after their training for other states will benefit those states and our profession as they become involved in the legislative process.

Conclusions: This senior ophthalmologist has been rejuvenated by the response of our young colleagues. Residents realized that they must participate in state and national legislation as they have seen the dangers faced by our profession and their professional future is at stake. They need reliable information and they will look to their state society as well as AAO for information and guidance. We will plan 2 dinner meetings yearly-after the AAO meeting and after the Mid-Year Forum. We plan to extend this to the Pittsburg and Harrisburg areas to cover the western and the middle of PA.

James B. Ruben, MD
American Academy of Pediatrics, Section on Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Placement of Pediatric Vision Screening on the HMO Report Card (HEDIS)*

Purpose: To place pediatric vision screening on the Quality Report Card (Health Plan Employer Data Information Set or HEDIS) issued by the National Committee for Quality Assurance (NCQA). Amblyopia is a leading cause of vision loss in America, responsible for more sight loss than all other causes including trauma in the under 45 age group. Screening and treatment of amblyopia has been demonstrated to be highly cost effective relative to other ophthalmic and medical interventions. Yet despite this, currently, compliance in the primary care setting with pre-school pediatric vision screening is unacceptably low. Quality measures are increasingly becoming a driving force in individual physician behavior and HMO group behavior. In their desire to improve the quality of services and the perceived value of their insurance plan to purchasers, HMO's will prioritize resource allocation to items on the HEDIS list. Consequently, placement of pediatric vision screening onto this "report card" will provide strong incentives to provide better compliance with pediatric vision screening.

Methods: Representatives from the AAO formulate formal proposal to introduce pediatric vision screening onto HEDIS. These arguments are first informally presented to the NCQA to determine preliminary feasibility of introducing such a measure. Subsequently, a more formal "white paper" is presented to the NCQA for consideration, and if the NCQA accepts this as a criterion for the HMO report card, an appropriate measure will be developed by NCQA with input from the AAO.

Results: Thus far the AAO has sent two representatives to the NCQA in Washington to discuss this concept. NCQA representatives have encouraged the AAO to continue to work on this goal and develop a "white paper" for submission.

Conclusion: Pediatric vision screening has the basic characteristics of a desirable criterion for inclusion into the "HMO report card". It 1) amblyopia has a relatively high prevalence 2) early detection and intervention is critical for treatment 3) treatment is often successful 4) current detection status needs improvement 5) compliance with this measure can be relatively easily measured. Many important medical problems are in competition for a limited number of HMO "report card" slots. Continued efforts and lobbying will be necessary to be successful placing pediatric vision screening on HEDIS.

Scott A. Uttley, MD
Minnesota Academy of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Establishment of the Minnesota Academy of Ophthalmology Stop Optometric Surgery Fund*

Purpose: To raise funding within the State of Minnesota specifically designated to oppose any future scope of practice legislation which would allow optometric surgery.

Methods: The process started with our state society's lobbying firm providing an estimate of the costs to fight and win a surgical scope battle in Minnesota within the next one to three years. That cost was estimated to be approximately \$200,000. A fund raising campaign was then started in the state which included personal mailings, communications in the MAO Newsletter, and monthly updates at our state society meetings. The most successful fundraising technique was personally asking for contributions at the business meetings of large ophthalmology groups. *While still strongly encouraging donation to the AAO Surgical Scope fund*, each MAO members was asked to donate \$1000 annually to the MAO SOS Fund.

Results: To date, the Minnesota Academy of Ophthalmology has raised approximately \$60,000 in contribution to the Minnesota Academy of Ophthalmology SOS Fund.

Conclusions: While the AAO Surgical Scope fund has been extremely successful in helping state societies facing surgical scope legislation, state societies must also be financially prepared to help with the costs of such a battle.

Thomas P. Ward, MD, COL, MC, USA
Society of Military Ophthalmologists
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Improving the Participation of Military Ophthalmologists in State Societies*

Purpose: To increase the rate of participation of active-duty military ophthalmologists in their local state ophthalmological societies.

Methods: Surveys were sent to all ophthalmologists serving on active-duty in the United States military world-wide, including residents. Ophthalmologists serving in the Reserves or National Guard were not contacted since they practice primarily in the civilian sector. Surveys were also sent to the presidents and/or executive directors of the state societies from all 50 states and the District of Columbia. Results of the survey will be shared with the Society of Military Ophthalmologists at the annual meeting in Chicago in October 2005. All military ophthalmologists will then be contacted again, giving them the addresses of the state societies and highlighting reduced membership fees and reasons to join. In addition, state societies will receive contact information for those military ophthalmologists stationed in their state. All contacts will be made via email.

Results: 193 military ophthalmologists were surveyed. Of the 74 ophthalmologists (38%) who responded, only 12 (16%) were members of a state ophthalmological society. Major reasons for not joining the state society included cost (52%), never having been contacted by state society or unaware of existence of state society (38%), Benefit to military ophthalmologists was not apparent (37%), frequent moves with no allegiance to local state (19%), intend to join but never got around to it (13%), and currently stationed overseas (10%). Most military ophthalmologists would consider joining if there were reduced rates. Of the 29 state societies that responded, 13 () offered reduced rates to military physicians (including 4 states that totally waived membership fees for the military), and almost all the others would consider offering a military discount for membership.

Conclusions: Substantial opportunity exists to increase the participation of military ophthalmologists in their state societies to the mutual benefit of the individual ophthalmologist and the profession of ophthalmology. The major barrier appears to be a lack of communication between the military and the state societies.

John A. Wells, III, MD
South Carolina Society of Ophthalmology
2004-2005 Leadership Development Program
Project Abstract

Title of Project: *Improving Ophthalmology's relationship with the South Carolina Medical Association (SCMA) through education and participation in the SCMA Annual Meeting.*

Purpose: Recently ophthalmologists have had limited or no presence on the agenda of the annual meeting of the South Carolina Medical Association. This has contributed to the perception that ophthalmologists are no longer concerned or interested in the problems we all face in medicine. Additionally, as eye care has become almost completely removed from hospitals we as ophthalmologists have become isolated from our medical colleagues and our image suffers accordingly. This initiative attempts to address these issues by 1) raising awareness of advances in ophthalmology within the state medical community through educational programs at the annual state medical society meeting, and 2) improving ophthalmology's standing within the state medical community and to reestablish the perception of ophthalmologists as medical doctors by increasing ophthalmologists' participation in state medical society meetings.

Methods: Proposals for an annual "What's New in Ophthalmology" symposium at the next annual meeting of the South Carolina Medical Association and the South Carolina Family Practice Association were submitted. These symposia would cover areas of ophthalmology of particular interest to the general medical practitioner and would be presented by ophthalmologists who practice in South Carolina.

Results: The South Carolina Medical Association and Family Practice Association have both agreed to include these ophthalmology symposia on the agenda for their upcoming meetings.

Conclusion: These symposia will educate the general medical community about advances in ophthalmology and increase the visibility of ophthalmologists in the medical community. This will improve ophthalmologists' relationships with the general medical community in our state.