



Robert A. Copeland Jr., MD
Washington DC Metropolitan Ophthalmological Society
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *EyeCare International*

Purpose: To determine the participation level of members of ophthalmological societies who are actively engaged in international volunteerism and how many would be interested in future opportunities in this area. This will be accomplished by requesting members to complete an eight question survey.

Methods: An eight question survey was sent to all 51 ophthalmological societies by email to gauge active participation and possible future interest in EyeCare International. Survey questions were: 1. Is your ophthalmological society actively involved in EyeCare America? Yes or No. 2. If yes, what percent of membership is participating in EyeCare America? ___% 3. Presently is any of your membership actively involved with medical mission internationally? Yes or No. 4. If no, would your membership be interested in international volunteerism? Yes or No. 5. Do you presently know there is link for international volunteerism in the American Academy of Ophthalmology (AAO) foundation site? Yes or No. 6. Do you feel a more visible site on the web page may encourage a higher participation? Yes or No. 7. Would your membership like to have opportunities for international volunteerism if resources and contacts were made available at one place to make the decision easier? Yes or No. 8. Will your ophthalmological society make a concerted effort in the future to make international volunteerism a focal point? Yes or No.

Results: We sent 51 emails received 8 responses (16%). Question 1. 7 yes and 1 No for participation in EyeCare America. (87%) Question 2 no one was sure of the actual percentage of the membership participation in EyeCare America. Question 3. 6 Yes and 2 No for participation in international volunteerism. (75%) Question 4. 1 Yes and 1 No if membership not actively involved in international volunteerism be interested in the future. (50%) Question 5. 3 Yes and 5 No and 1 unsure that international volunteerism was located in AAO foundation site. (38%) Question 6. 7 Yes and 1 No to a more visible site on the web page for volunteerism. (87%) Question 7. 8 Yes and 0 No for having resources and contacts for international volunteerism in one place. (100%) Question 8. 8 Yes and 0 No for making international volunteerism in the future a focal point in your ophthalmological society. (100%)

Conclusion: Even though it is very difficult to make inferences from a small sample size, there are some salient points from this survey that can be made: (1) We must better promote EyeCare International; (2) A more visible site on societies web page should be added to interest more of their membership, and (3) A compendium of opportunities and resources should be located in one area.



Robert W. Daly, MD
Maine Society of Eye Physicians and Surgeons
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Establishment of the Maine Society of Eye Physicians and Surgeons as the Primary source of eye health related information for the state*

Introduction: Maine is a small, rural state where access to both elected and appointed government officials can usually be easily arranged. The Maine Society of Eye Physicians and Surgeons has traditionally been a very low profile organization. In the past, it has only contacted these individuals regarding specific issues of concern. There is a general consensus among those involved in advocacy that making your organization known and providing a service to these individuals in a non-urgent setting is a very important adjunct to issue specific lobbying.

Purpose: To become the primary source for eye health information for key healthcare personal in the state. This list includes the Public Health Commissioner, Insurance Commissioner, Consumer Affairs Commissioner, the state medical directors of Aetna, Cigna and Anthem, the Attorney General and the health advisors for the majority and minority leaders of the state house and senate.

Methods: Create a business card, rolodex card, brochure, phone number and email address containing information on how any interested party can access the physicians of MSEPS to address an eye health related issue. Meetings have taken place or are scheduled with those key individuals listed under *Purpose* to deliver and promote the information system.

Result: Initial interest and enthusiasm for the concept has been excellent. We would eventually like to make contact with all members of the state house and senate. At least a year or two will be required to determine if the service is being used and how it can be improved.

Conclusion: Advocacy is helped by direct contact and by providing a useful service. Information access is a useful service that can be provided as an adjunct to traditional lobbying efforts and financial contributions.



Saiyid Akbar Hasan, MD
Florida Society of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *The Florida Society of Ophthalmology's Marketing Campaign to Promote Membership*

Purpose: To stimulate membership by offering marketing tools for Florida Society of Ophthalmology (FSO) members including developing a database of new Florida residents, creating welcome packets to new Florida residents that are practice specific, enhancing the website by making it patient-friendly, and distributing FSO signs and placards. Daily, one thousand people move to Florida and providing access to these individuals would better equip EyeMDs with marketing tools and resources that would encourage FSO membership and participation.

Methods: 1) A database organized by zip codes was developed for a representative county, Duval County, listing all newly registered voters from January 1, 2006. This database will be available to all FSO members and can be used as a marketing tool. 2) Postcards bearing the FSO label are in development to welcome the new residents to Florida. These welcome cards can be customized and will be made available to members to send out to new Florida residents. 3) A Beta website is currently being tested and developed that members can give to patients that will provide educational information and videos. This will also include a search function for finding member EyeMDs. 4) Placards and stickers are being provided to members for display in office waiting areas promoting the EyeMDs participation in the FSO.

Results: 1) Over 12000 newly registered voters were identified in our data search beginning January 1, 2006 for Duval County. Over 600 new voters were identified in my practice zip code. 2) This data will be made available to members in our test market. This information was presented at our recent Board of Directors meeting, August 2006, and a subcommittee was formed to determine how accessibility to the list should be provided to our members (i.e. online, mailing list). 3) Placards and stickers were distributed to members at our annual meeting in August 2006. All members will receive these for display.

Saiyid Akbar Hasan, MD

Project: The Florida Society of Ophthalmology's Marketing Campaign to Promote Membership

Conclusions: The goal of this project is to develop a package of benefits that will promote state society membership by offering members a competitive advantage. The results of this project will hopefully lead to greater membership, thereby strengthening our financial base and increasing awareness of the merits for participation in our state society. As member chair for the Florida Society of Ophthalmology, it has been a difficult task finding new avenues to stimulate membership. The market is very competitive in Florida and the changes we have created and are implementing will hopefully provide the incentive to drive membership. These preliminary changes will hopefully lead to long-term growth of our society.



Kenneth J. Knudtson, MD
South Dakota Academy of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Media Exposure as a Public Health Service and as a Way to Promote the Profession of Ophthalmology*

Purpose: It would be a great benefit to the public to provide education on specific eye conditions and ocular health such as diabetes, macular degeneration, glaucoma, cataracts, and prevention of eye injuries, to name a few. Also, education the public about our training and education as eye physicians and surgeons, and the differences between Ophthalmologists, Optometrists, and Opticians would help the public make informed decisions with regard to their own eye care.

Methods: This last year I have begun appearing on a weekly basis on a local afternoon radio talk show called "The Afternoon Smorgasbord with Grant Peterson." Every Tuesday I spend 10-15 minutes talking with the host about a particular eye health issue. We have also used a couple of sessions to discuss the difference between Ophthalmology, Optometry, and Optician. I am able to do this over the phone and it takes little time away from my in-office patients. Our clinic also runs bi-weekly newspaper ads that remind the public about a particular eye health concern and encourage the people to get screened on a regular basis. A local Internist has a public television show called "On Call." This weekly show has guest doctors discussing a specific medical topic along with live call in questions from the audience. I have appeared twice on the show in the form of a pre-recorded interview discussing glaucoma and cataract. I hope to be asked to do a featured live guest appearance and will be working with the host in the regard. The host of this television show also pre-records show radio show called "Home Spun Medicine", which are sent to numerous radio stations throughout the state. I have recorded a 3 minute interview outlining the diagnosis, treatment, and need for screening with glaucoma. I plan to do another interview on a different subject within the next year.

Results: Specific results are difficult to measure. However, numerous patients have commented to me that they listen to the radio show and find it both entertaining and informative. Many have noted that they were always a little fuzzy about Ophthalmology versus Optometry. They seem truly pleased when they understand that they are getting their eye care from a true medical doctor and surgeon.

Conclusion: Getting involved in patient education through the media has been a rewarding experience for me. It really has not been difficult at all and has not demanded a great amount of extra time. I would encourage all Ophthalmologist to be open to the possibilities and opportunities that media exposure present.



Paul D. Langer, MD
Association of University Professors of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *On line course in advocacy*

Purpose: Since the introduction of the “Core Competencies” as a mandated part of Resident Education, training programs are now required to teach and document resident competence in “Systems-Based Practice”—that is, an awareness of and responsiveness to the larger context and system of health care. One component of this competency is an understanding of “Advocacy” and its importance. The purpose of this project is to create a web-based tool that ophthalmology residents around the country can use as an effective tool to learning about advocacy, and that Program Directors can use to document acquired learning in this area.

Methods: The module consists of a Power Point slide show about advocacy that residents can log onto (hopefully on the AAO website), and a list of multiple choice questions that are to be answered after completion of the module. Following successful completion of the module, the resident will be able to print out a certificate documenting completion of the course, which the Program Director can use to demonstrate proficiency in this area.

Results: A module has been created which is now to be edited by representatives of various organizations (AUPO, AAO) for whom the module is an important educational tool and who have a stake in its content and completion. The final product will hopefully be presented at the AUPO meeting in February 2007, following which, efforts will be undertaken to make the course available on the AAO website.

Conclusion: On line courses are evolving as one tool among many in the effort to meet the new requirements of the ACGME resident core competencies. An on-line course is an effective way to relay important information to residents about issues of advocacy in a way that is reproducible among various residencies and that can document the acquisition of this required area of knowledge.



Leah Levi, MBBS
North American Neuro-Ophthalmology Society
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Manpower and Practice Trends in US Neuro-Ophthalmology*

Purpose: To establish a database with information about Neuro-Ophthalmology practice patterns and manpower in the USA.

Methods: The pressure in academic Ophthalmology departments for fiscal productivity runs counter to the time-consuming nature of a quality Neuro-ophthalmological evaluation as well as the traditional teaching role of the Neuro-ophthalmologist. Using information from the NANOS membership database, as well as a survey of the NANOS membership, a database has been developed that gives information on the number of Ophthalmology-trained Neuro-ophthalmologists, their age, type of practice (academic/private; "pure"/combined with another subspecialty), clinic scheduling, wait times, as well as data on fellowship training and teaching activities. For each factor, where possible, there are also data from the last several years to allow examination of trends.

Results: The database confirms the impression that there has been a declining number of trainees in Neuro-Ophthalmology, and a trend of combining Neuro-Ophthalmology with subspecialties such as Strabismus and Oculoplastics in academic practice. There has also been a trend towards decreased time spent with patients. Neuro-ophthalmologists are still spending a significant amount of time teaching.

Conclusion: The maintenance of this database will be useful in examining trends in Neuro-ophthalmologic manpower and practice patterns in order to help NANOS in its long term strategic planning.



James W. Matthews, MD
Kentucky Academy of Eye Physicians and Surgeons
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Development of Website for Kentucky Academy of Eye Physicians and Surgeons (KAEPS)*

Purpose: To develop a website for our State Society members that can also serve as a resource for the general public and promote public works regarding eye care. To provide a tool to promote communication among members regarding educational events, state political affairs, news worthy events, etc.

Methods: The website will feature a home page with areas open to all visitors. A password-protected area will be present for KAEPS members. The KAEPS website is under development.

The home page will feature the following areas for all visitors.

General information about KAEPS, member benefits, links to web sites of KAEPS members, and public service page informing the public about both state and national public service items. Information will be offered regarding topics of interest including macular degeneration, glaucoma, diabetic eye disease, cataracts, refractive surgery and other topics. Provide a page for members-in-training, with topics relevant for them. Links will be provided to national and state ophthalmology and medical organizations and publications that offer pertinent information. Allow posting of member's names, biographical information, and description of their practice as an advertising tool for members and a value added benefit. Online application for membership and registration for meetings will be available. Also, online payment of dues meeting tuition, and KOPAC contributions will be available. The Society's quarterly newsletter will be posted.

A state affairs page may be used to educate legislators regarding issues of importance for our Society. Serve as a resource for legislators in helping them form their opinions issues important to Society members.

The password-protected area will function to serve KAEPS members in the following areas:

Educate members regarding scope of practice issues that may impact our state. Give members the tools needed to communicate with their legislators regarding these issues. Set up a link for members to easily find the names and information about their state legislators. Serve as a bulletin board to allow quick dissemination of information that requires immediate attention. Post meeting notices, bylaws, and other Society documents. Provide extensive biographical information about KAEPS members including home phone, fax number and email address. Allow information and access to value added benefits available due to KAEPS membership.

Results: KAEPS website development is currently ongoing. The results are ongoing and will be discussed at the AAO Fall Meeting.

James W. Matthews, MD

Project: Development of Website for Kentucky Academy of Eye Physicians and Surgeons (KAEPS)

Conclusion: Implementing a website is key for any major organization to promote information dissemination among its members, to the general public, and other relevant groups (state legislators.) If properly developed, it can serve as a value added benefit for membership in the State Society



M. Lisa McHam, MD
Massachusetts Society of Eye Physicians and Surgeons
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Reconnecting Ophthalmology with the Medical Community by Developing a Pilot Course: "Ophthalmology Update for Physicians"*

Purpose: It has become increasingly clear in recent years that the future of Ophthalmology will be tied to its' ability to remain a vital subspecialty of the greater field of medicine. One of our greatest obstacles in this mission is the general perception of ophthalmology by other physicians. One straightforward way to promote a positive image of ophthalmology is through educational courses directed at our physician colleagues. The challenge has been to stimulate interest in such courses, considering the many competing educational programs and physician's limited time.

My goal was to develop an entertaining, high quality course which would be reproducible and of manageable length, which would serve as a refresher for basic ophthalmic knowledge, as well as an update on new advances in the field. Ideally, the course would both educate and shine a positive light on ophthalmology.

Methods: I developed a course program and recruited outstanding speakers, chosen both for their expertise and their speaking skills. The course was sponsored by the New England Ophthalmological Society, Massachusetts Society of Eye Physicians and Surgeons, and the Massachusetts Medical Society (MMS). We received an unrestricted educational grant to help with costs from Allergan, and the course fee was \$150/attendee. We awarded 5 Category I CME credits through the New England Ophthalmological Society. The course was marketed through a direct mailing using the Massachusetts Medical Society mailing lists for internal medicine, family practice, and emergency medicine in eastern Massachusetts. It was also posted on the MMS website. When our response was less than hoped for, we utilized blast email and contacted primary care residency training programs.

Results: "Ophthalmology Update for Physicians" was presented on Saturday, April 14, 2006, from 8:00AM to 1:00PM at the Massachusetts Medical Society Conference Center in Waltham, MA. There were 51 attendees, which was somewhat less than hoped for, but respectable. Course evaluations by the attendees were excellent, with many commenting that they would strongly recommend it to colleagues. Most attendees became aware of the course through the email blasts and word of mouth. Attendee's ages were widely distributed, but average age was 40 years. The response to the direct mailing was poor, with many attendees relating that they were not members of the Massachusetts Medical Society, the source of the mailing and some email lists. The course speakers will receive "Certificates of Appreciation" at the fall 2006 New England Ophthalmological Society Meeting.

M. Lisa McHam, MD

*Project: Reconnecting Ophthalmology with the Medical Community by Developing a Pilot Course:
“Ophthalmology Update for Physicians”*

Conclusions: This pilot course generated significant good will among attendees toward ophthalmology, and I think it also energized the speakers. A great deal was learned about how to attract attendees to a course such as this, and how not to. Today, physicians are truly bombarded with course announcements and solicitations, both via direct mail and email. When the course is presented again, hopefully in the fall, 2007, we will reach out directly to smaller professional organizations such as the state family practitioner and emergency physician organizations, as well as community health centers. Attendee feedback will also be used to focus the course content. The goal is a biannual Ophthalmology Update course for our region. The course format and attendance recruitment strategy could easily be exported and or modified for other geographical areas.



Srilata S. Naidu, MD
Contact Lens Association of Ophthalmologists
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *The "Save Sight, Do Contacts Right!" Campaign*

Purpose: Since the summer of 2002, doctors and public health officials have been aware that contact lenses have been sold by unlicensed vendors to customers who do not have prescriptions or current prescriptions. These *Black Market* contact lenses have been available at some clothing stores, gas stations, beauty salons, beach shops and Halloween stores that cater to teenagers and young adults. Consequently, serious eye problems have been reported. In October 2005 the **Plano Contact Lens Bill** was passed recognizing all contact lenses as medical devices that require a valid prescription by an eye-care professional, and regular follow-up examinations. The purpose of this project is to educate the public regarding the need for appropriate wear and care of decorative (cosmetic) contact lenses.

Methods: 1) A task force was created. 2) Funding was sought for the campaign. 2) The target populations for this campaign were identified as teenagers and young adults who use decorative lenses, and their support groups (parents, teachers, and eye-care professionals). 3) The task force then employed a variety of media tools to reach the target audiences.

Results: A six physician task force was created and was successful in obtaining funding. The Contact Lens Association of Ophthalmologists Educational Research Foundation contributed \$10,000 for the "Save Sight, Do Contacts Right!" Campaign.

It was determined that an efficient means of informing eye-care professionals was through medical journals. Members of the task force wrote editorials on the issue in *Ophthalmology*, *Archives of Ophthalmology*, *American Journal of Ophthalmology*, and *Eye & Contact Lens*.

The National Parent-Teacher Association will be including an article in the "Halloween" issue of their e-newsletter. This e-newsletter reaches all parents and teacher members of the National PTA. In addition, a bulletin board is being established with the PTA. Through this, we can monitor how much of the public is being reached. Finally, the task force is currently working with Good Morning America to develop a newsworthy story in time for Halloween 2006.

Conclusions: The one year anniversary of the **Plano Contact Lens Bill** has *not* seen a cessation of the illegal sale of cosmetic contact lenses. Patients, most notably teenagers, continue to be treated for preventable contact lens-related complications around the nation. The task force has been successful in educating eye-care professionals and in drawing attention to this issue with national organizations.



Nathan Ravi, MD
Association of Veterans Affairs Ophthalmologists
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Development of long-term interaction between Association of VA Ophthalmologist (AVAO) and Association of University Professors of Ophthalmology (AUPO)*

Purpose: The goal of my LDP project is to develop this critical relation between the two organizations on a long-term basis. A large proportion of ophthalmology residents gain significant clinical and surgical skills from their clinical rotations at the VA hospitals. Within the VA there are many new initiative, policy changes, and mandates that are frequently introduced. It is critical that these changes be communicated in a clear and accurate way to all the residency programs. There is currently no formal way of dissemination this information on a regular basis. In the past, some of the members of AVAO have been invited to provide an update at the AUPO meetings.

Methods: Towards this goal, I met with the Board of Directors at the AUPO meeting on January 25, 2006 and presented much useful information on VA education and research. Subsequently, several dialogues between the organization, primarily via conference calls and emails, were facilitated by AAO.

Results: These exchanges of ideas between AUPO, AAO and AVAO have culminated in the production of a special symposium for the Las Vegas AAO meeting. Many noted speakers from both the organization will be discussing various issues of common interest members and is scheduled for Monday afternoon.

Conclusion: It may be my expectation and goal to continue to maintain the momentum and develop synergy between the two organizations.



Kristin Reidy, DO
New Mexico Academy of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Ophthalmologists on Wheels: New Mexico Academy of Eye Physicians & Surgeons Rural Advocacy & Rural Screening Outreach*

Purpose: To couple free eye screenings, already being provided by many members to rural areas of New Mexico, with political advocacy.

Methods: 1) A policy was implemented for members of our society to notify our executive secretary of any free outreach screening that they were facilitating. 2) She would then help the ophthalmologist make contact with the political leadership in the designated area. 3) The ophthalmologist would then personally invite the politicians to join them at the screening to: shake hands with constituents; listen to a brief educational presentation; get an eye exam; and receive a campaign contribution.

Results: 1) This program is still in its infancy but we are optimistic that it will foster lasting relationships between New Mexico's ophthalmologists and our rural politicians, while providing a service to our rural communities.

Conclusions: 1) The biggest obstacle for New Mexico and most rural states is how to get enough of its ophthalmologists involved in the political process. This program makes it easier for our members to get to know their legislative representatives. It brings the policy makers into our world where they meet us, see who we are, and what we do. 2) Our rural Senators and Representatives are our most difficult target audience. They often perceive us as an elite group of specialists who care for the well insured majority living in only the large cities of New Mexico. They are faced with many challenges trying to provide even minimal services to their poor often uninsured population. Many see expanded scope of practice for Optometry as a solution to provider shortages. 3) Only through advocacy and with better relationships with our rural Senators and Representatives will we be able to open their eyes to the complexity of these issues.



Sidney K. Simonian, DO
American Osteopathic College of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Advocacy Resource for Ophthalmology Patients*

Purpose: To distribute through ophthalmology offices, materials to inform and involve patients in legislative/regulatory issues that affect their eye care, and health care in general.

Rationale: The Baby Boomer generation is coming of age for the ophthalmic specialty. Within the next fifteen years, there is predicted a severe shortage of physicians and access to quality health care, especially for this ever-increasing senior population. For every practicing ophthalmologist, there are thousands of patients with whom we have common interests when it comes to quality health care. If we can recruit our patients to support issues of mutual concern, we create a WIN-WIN SITUATION.

Methods: A questionnaire/survey was sent out to the entire membership of the American Osteopathic College of Ophthalmology, soliciting support for an informational program to be distributed through ophthalmology offices, targeting those patients for involvement in advocacy. The returned surveys overwhelmingly supported this idea. I hope to create these educational materials in the format of straightforward information presented on one sheet of paper per issue. This paper would contain an explanation of the issue, how it impacts the patient's health care situation, who to contact about it, and what to say about it. (Similar to the format provided to us by the Academy). The cost of producing and distributing the materials to ophthalmology offices would be supported by grants, and free to participating ophthalmologists.

Results: Sample documents will be submitted to the Board of Governors of the AOCO this fall for approval and determination of method of distribution. Money available in the form of a grant may be used to promote this project. Should the results of this project prove effective, it is hoped that the American Academy of Ophthalmology may further develop it.



Brian D. Sippy, MD, PhD
Montana Academy of Ophthalmology
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Montana Academy of Ophthalmology Preceptors for WWAMI Medical Students Interested in Ophthalmology Clerkships in Montana*

Purpose: To give medical students from the WWAMI Program at the University of Washington School of Medicine easier access to clinical ophthalmology clerkships with Montana ophthalmologists by creating a recognized course title and number designation in the WWAMI elective clerkship directory & to expose ophthalmic practices in Montana to potential future ophthalmologists thereby increasing recruitment opportunities for Montana.

Methods: 1) An alliance was formed the WWAMI Assistant Dean for Montana to champion Montana-based electives in ophthalmology. 2) The Ophthalmology Clerkship Director at the UW School of Medicine was contacted to assess need and therefore determine how many preceptors would be appropriate to have in Montana & to coordinate the creation of a course number for an ophthalmology elective in Montana. 3) The MAO membership pool was solicited for preceptor volunteers to help define the number of available preceptors and to better define the geographic and practice diversity available in Montana for interested WWAMI students.

Results: The concept and goals of this project were well received by the MAO membership and by the WWAMI Assistant Dean for Montana. Interested MAO members represented various practices in regard to size, sub-specialty representation & geography. Need and/or interest in Montana-based ophthalmology clerkships by WWAMI students proved difficult to accurately assess due to variability in student opinion from class to class and low response rates due to an emphasis on primary care in the WWAMI program. A recognized course number for an ophthalmology clerkship in Montana will likely be created within this academic year as part of the WWAMI "Montana Track" program. Preceptor registration and training will likely take place at the MAO Annual Winter Meeting and will be coordinated with staff from the office of the WWAMI Assistant Dean for Montana.

Conclusions: WWAMI students can now choose elective ophthalmology clerkships from a list of five programs within Washington or one program from Alaska. Special applications are currently needed for ophthalmology clerkships in Montana. Establishing a recognized ophthalmology elective program in Montana will increase options for students and provide exposure for Montana to potential ophthalmologists interested in practicing in our region. MAO members will benefit by their affiliation with the WWAMI Program.



Scott M. Steidl, MD
Maryland Society of Eye Physicians and Surgeons
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Utilization of Veterans Hospital Eye Clinic Consultation Services*

Purpose: Some VA hospitals have optometry-run eye clinics. In these institutions there is a broad scope of optometric care, which includes ordering tests, prescribing medications and delivering high level medical decisions. Optometry determines if ophthalmology should be consulted for a given patient. The purpose of this study was to evaluate the nature of the optometric and ophthalmologic care and management through the consultation service at a large urban VA hospital.

Methods: A retrospective electronic chart review of all the consultations to the Optometry Service of the Baltimore VA hospital was carried out by one physician. All consultations for the month of December 2005, were identified in the CPRS medical record system, and evaluated for demographic information, the reason for the consult, diagnosis, interval to examination, and appropriateness of management.

Results: There were 63 consultations. Of these, 41 were for refractive errors and 12 consults were for diabetic evaluations. Other medical problems which were evaluated and treated by optometry included keratoconus, dry eye syndrome and a traumatic macular scar. One patient had a retinal detachment, and another presented with severe endophthalmitis. Both were sent to ophthalmology and were managed appropriately. One patient had a 0.9 cup but was managed by optometry and not referred to ophthalmology. One patient presented with a foreign body which was removed by a 25g needle and treated with an Alger brush by optometry. Most consultations were routine and had a lag time prior to examination of 7 to 72 days. Most patients were seen in 20 days, and emergent patients were sent to ophthalmology the same day.

Conclusion: The results revealed a low incidence of non-routine consultations requiring medical intervention during the month evaluated. All consultations were sent to optometry for management and triage. No significant mismanagement was observed by optometry or ophthalmology.



David K. Wallace, MD, MPH
2005-2006 Leadership Development Program
Project Abstract

Title of Project: *Evidence-Based Talking Points for Vision Screening*

Purpose: In the battle over comprehensive eye examinations versus vision screening, a plethora of misinformation has surfaced. Results from research such as the Vision in Preschoolers (VIP) Study are often misquoted, discussed out of context, or used to reach erroneous conclusions in support of comprehensive eye examinations.

Methods: Common arguments used by those in favor of comprehensive eye examinations were reviewed and compared to data in the existing literature. Evidence-based talking points and a list of key references were developed that can be used to support vision screening and to counter arguments in favor of comprehensive eye examinations.

Results: The Vision in Preschoolers Study does not support the need for comprehensive eye examinations. VIP reports the accuracy of a single screening test at one point in time, and these results cannot be applied directly to a program of vision screening that will include several encounters throughout childhood. Vision screening should start at a very early age, and a comprehensive eye examination done just before school entry is poorly timed, has a low yield, and results in glasses prescribed unnecessarily for many children.

Conclusion: Vision screening is an effective and efficient means of detecting vision problems in children. Evidence-based talking points and key references from the literature can be used to support vision screening programs and to counter legislative proposals mandating comprehensive eye examinations.