

Letters

ED Call: In Need of Help

I just read “Who’s on Call: Emergency Care Crisis Looms” (Clinical Update, December 2019). Our facility, Vidant Health System, is a Level 1 trauma center, and local ophthalmologists take call one week at a time, covering most of eastern North Carolina. As of Jan. 1, we are required to take call every four weeks due to age-out provisions and doctors resigning hospital privileges, retiring, or outright leaving the area. We have negotiated reimbursement, but the hospital system refuses to hire locums tenens or to help in recruitment of new ophthalmologists. The call here is beyond anything that I have experienced in my residency or 20 years of practicing prior to moving to this area. I do feel the hospital system has some responsibility to help with recruitment. I am in solo practice and will be 60 soon, and I will not age out based on bylaws until I am 72 . . . ridiculous! I agree that something must be done; placing the burden on a few private practice doctors is not a solution.

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A Different Approach to Outreach

We recently reread “Global Ophthalmology” (Feature, January 2018) in the *EyeNet* archive and wish to share some ideas for increasing the long-term impact of global volunteer efforts. Indeed, we have written a short white paper that outlines our ideas (aao.org/sustainable-success). The main thesis is that the goal of global outreach should be to help create good ophthalmology jobs and good ophthalmology markets, and that this can be achieved through a few key steps, including the following:

Serve only patients who cannot pay. Outreach programs should work with local providers to identify and serve only patients who cannot afford to pay. Those who can pay should get care from local providers. The underlying thought is that services that are provided free of charge to all comers are destructive to local ophthalmology markets.

Help local providers build their businesses. Outreach programs should teach practical skills and focus on what the local providers need to know in order to deliver care in a sustainable manner and to build their practices to operate independently and successfully.

Industry can serve as a central point of contact. Because industry donates to most of the groups that provide outreach, it can help in the following manner:

- Determine whether outreach programs allow for sustainable care in the regions that they are serving by asking four questions: Can the program directors prove that they are

working with local providers? With whom will each program be working with locally? What is the program’s long-term strategy and exit plan? What is each program’s timeline, and what are its milestones for success?

- Publicize and share outreach schedules and contact information to allow for groups to coordinate and maximize efficiency and breadth of care.

The many programs and volunteers who participate in providing care abroad is a manifestation of tremendous goodwill. Our theory is that if U.S. programs and industry can harness this goodwill, we will help our colleagues in developing countries to find sustainable success.

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Why Attend Mid-Year Forum?

We all became physicians for different reasons, but we all took the same sacred oath to do what is in our patients’ best interest. Advocating at a national level for our profession and patient safety allows us to amplify our impact by helping patients beyond those whom we see in daily clinical practice. When I worked for a congressman a few years ago, I was amazed at the impact that advice from local experts in his district had on his decision-making. As physicians we are the experts when it comes to patient care, and if our legislators don’t hear from us, they will listen to someone else.

That’s why I have attended the past two Mid-Year Forums. This is a wonderful avenue for advocating at a national level as well as networking with peers. It starts with Congressional Advocacy Day (CAD), during which CAD attendees travel to Capitol Hill to meet with legislators and staff to discuss the most pressing issues facing our profession.

Then the Mid-Year Forum Opening Session takes place, followed by sessions covering policy, practice and risk management, and other topics salient to your daily practice. Then the Council meeting covers various Academy activities and strategic issues affecting the profession, including key advocacy issues related to state and federal affairs.

Finally, the OphthPAC and Surgical Scope Fund receptions are fun events that provide a valuable opportunity to network and connect with leaders in our field. I plan on attending Mid-Year Forum 2020 and would encourage all to attend! Learn more at aao.org/MYF.

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