



**Kenneth P. Adams, JD, DO**  
**New Mexico Academy of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *New Mexico Academy of Ophthalmology Legislative Engagement*

**Purpose:** The New Mexico Academy of Ophthalmology prioritized the need to reach out to legislators to develop productive working relationships and direct engagement.

**Methods:** The New Mexico Academy of Ophthalmology directly contacted and reached out through our lobbyist to various legislators to have them present at our annual meeting providing an opportunity for the legislators to meet and speak to the majority of the ophthalmologists in the state of New Mexico.

**Results:** A commitment was obtained from one of our more active and influential physician legislators Dr. Terry McMillan the only physician in the State Legislature to speak at our annual meeting September 27, 2014.

**Conclusion:** Reaching out to key legislators we have been able to secure a commitment to present at our annual meeting providing an opportunity for legislators to directly interact with the majority of the ophthalmologists in New Mexico providing a forum for direct engagement and dialog.



**V. Nicholas Batra, MD**  
**California Academy of Eye Physicians and Surgeons**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *California Academy of Eye Physicians and Surgeons Online Continuing Medical Education Project*

**Purpose:** To provide online and webinar based continuing medical education to state society members at a reduced or nominal cost as a means of adding value to state society membership. One reason that physicians join AAO is for continuing medical education. California is a large and diverse state and it has been a challenge to organize a physical state society meeting. As an alternative CAEPS can provide CME online at a reduced cost compared to holding a physical meeting. We anticipate that this will help to retain or add members to CAEPS.

**Methods:** We are in the process of creating online CME content for state society use. Several CAEPS board members have volunteered to provide lectures that can be used for CME purposes. Once the content is created then we can add it as a benefit of membership.

**Results:** to be determined

**Conclusion:** Once the project is completed it should provide an additional benefit to membership in CAEPS. We can then track new membership and renewals to see if this program had an impact.



**Anika G. Bradley, MD, FACS**  
**South Carolina Society of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Surgeons for Sight*

**Purpose:** To provide free diabetic screening examinations and follow up care to citizens of South Carolina with decreased access to care by an eye surgeon.

**Methods:** The South Carolina Society of Ophthalmology joined with the Presbyterian College School of Pharmacy and free clinics throughout the state to offer mobile screenings for diabetic eye disease in rural areas of South Carolina. A retinal camera which does not require dilation was obtained with grant funds and is utilized in these screenings. A van was purchased with donated funds to facilitate access to all areas of the state. Members of the South Carolina Society of Ophthalmology will collaborate to provide free follow up and treatment to patients in their region found to be in need of such. Letters will be sent to Blue Cross Blue Shield of South Carolina and the South Carolina State Legislature to inquire about future long term funding options for this project.

**Results:** The initial screening session will take place at Taylors Free Medical Clinic August 2014. The South Carolina Society of Ophthalmology will track demographic data of those participating in the screening process as well as the number of patients referred for follow up care by eye surgeons in the Society.

**Conclusions:** The issue of access to care in rural South Carolina is real. This endeavor is one effort to provide quality eye care by eye surgeons to patients with sight threatening health conditions. It also serves as an educational tool for patients on care and blindness prevention provided by concerned eye surgeons across the state.

**R.V. Paul Chan, MD, FACS**  
**Retina Society**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Web-Based Education for Retinopathy of Prematurity (ROP) Diagnosis and Management*

**Purpose:** To provide ophthalmologists-in-training and practicing ophthalmologists a resource to learn how to diagnose and manage retinopathy of prematurity (ROP). The efficacy of a web-based system to improve diagnostic competency in ROP by ophthalmologists-in-training will be determined.

**Methods:** A secure web-based educational system was developed (utilizing a database of over 10,000 unique images of ROP) in a collaboration with numerous international ROP experts and Dr. Michael F. Chiang of Oregon Health & Science University, Casey Eye Institute. Participants of the ROP training system consisted of ophthalmologists-in-training in the United States and Canada. The training consisted of four sections: a pre-test examination, a ROP tutorial, ROP educational chapters, and a post-test examination. Participants were given a schedule to complete each section and were provided with weekly reminders to complete the sections assigned for that week. Sensitivity and specificity calculations were performed to determine if the participant improved on the post-test as compared to the pre-test.

**Results:** A total of 5 ophthalmology training programs were contacted and 76 ophthalmology residents and fellows were given access to the ROP training system. 32 ophthalmologists-in-training completed the ROP training program. When analyzing all training levels together (PGY-2 to PGY-6), a statistically significant increase was observed in sensitivity for accuracy of the diagnosis of Zone (I, II, and III), Stage, presence of Plus disease, Category (No ROP, Mild ROP, Type-2 Prethreshold, and Treatment-requiring ROP), and the presence of aggressive posterior ROP (APROP). The largest improvement was observed for detecting the presence of APROP, which saw a 52 percent increase in sensitivity between the pre-test and post-test. The smallest statistically significant increase in sensitivity was observed for the ability to detect stage 1 disease or worse, which saw an increase of 5 percentage points. No statistically significant changes in specificity were observed.

**Conclusions:** The web-based system for retinopathy of prematurity education we have created is effective in improving diagnostic accuracy of ROP by ophthalmologists-in-training. A web-based system can improve access to practicing ophthalmologists around the world who are interested in learning and improving their skills in ROP diagnosis. Therefore, the Retina Society, American Society of Retina Specialists, the Macula Society, the American Association for Pediatric Ophthalmology and Strabismus, the Ophthalmic Mutual Insurance Company, the American Academy of Ophthalmology, and other organizations interested in ROP education may find utility in this web-based ROP training program as this system has the potential to increase our workforce for ROP and address the growing global burden of pediatric blindness related to ROP.

**Jessica B. Ciralsky, MD**  
**Cornea Society**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Cornea Society University*

**Purpose:** To develop one-day seminars dedicated to fostering the career development of young cornea specialists, both trainees and physicians in practice less than five years.

**Methods:** The educational needs of young cornea specialists were assessed through discussions with Cornea, External Disease and Refractive surgery fellowship directors and young cornea specialists in their first few years of practice. Through these discussions, it became apparent that large gaps exist in the guidance of young career development. To address these gaps, a program was developed solely focused on career development to be given at one-day seminars, Cornea Society University.

**Results:** The first Cornea Society University forum is scheduled to be held in Boston, MA next year. Future forums will take place in several major metropolitan cities across the country. By holding seminars across different regions of the country, we hope to engage a wide range of budding cornea specialists. During these seminars, ophthalmology leaders will discuss a broad range of topics including: choosing a career pathway, incorporating research into one's practice, publishing original research, making it to the podium, working with industry and government, achieving work/life balance and other applicable topics. Additionally, there will be small round table discussions with ophthalmology leaders for more intimate discussions and question and answer sessions.

**Conclusions:** The Cornea Society has fostered scientific discovery and collaboration within the field of cornea for generations of physicians. The Society has recognized the importance of increasing its relevance to young cornea specialists to ensure continued vibrancy of the organization and the field of Cornea. Cornea Society University has been designed to engage and mentor young cornea specialists. Outcomes will be formally measured at each seminar through pre-meeting surveys, onsite evaluations and post-meeting surveys.

**Jason W. Dimmig, MD**  
**Oregon Academy of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Combining Advocacy with Outreach through Glaucoma Screenings with Legislators*

**Purpose:** To build relationships with key legislators throughout Oregon by involving them in free glaucoma screenings in areas of need.

**Methods:** The Oregon Academy held 2 glaucoma screenings in 2013 and subsequently after receiving a grant from the AAO three glaucoma screening events in January, 2014, involving local legislators. We chose the locations based on several factors: Did the community have a need? (We avoided more affluent areas.) Were the local legislators supportive and/or in leadership positions? Could we get an Academy member in the area to volunteer? AAO grant funds paid for printing and mailing 5½"x8" postcards to households with at least one individual aged 67 or older in each of the legislators' districts. The postcards featured photos of the local legislators and a message that read:

Please join Senator Lee Beyer (photo) and Representative John Lively (photo) for a free glaucoma screening Friday, January 24, between 3:00 and 5:00 PM, at the Willamalane Senior Activity Center, 215 West 'C' Street in Springfield.

January is National Glaucoma Awareness Month.  
Help protect your vision with a glaucoma screening.  
*Sponsored by the Oregon Academy of Ophthalmology.*

The screenings were held at senior centers. Oregon Academy members volunteered their time and brought ophthalmic technicians along to help. Devers Eye Institute loaned an FDT for each event. The Executive Director of the Oregon Academy was present at each screening to help with the organization of the event and to spend time with the legislator while the ophthalmologist(s) were working with patients.

**Results:** 108 patients were screened at all of the events combined. 6 ophthalmologist members of the Oregon Academy volunteered their time. 6 legislators in 5 different districts participated. Multiple patients were subsequently referred to local ophthalmologists for further care. The time spent between legislator and ophthalmologist was variable depending on the number of patients that needed to be screened. Feedback was very positive from the legislators who participated, as they found it to be a unique way to get involved with their community.

**Jason W. Dimmig, MD**

*Project: Combining Advocacy with Outreach through Glaucoma Screenings with Legislators*

**Conclusions:** Advocacy through glaucoma screenings is a unique way to establish stronger relationships with legislators. The legislators immediately recognize the value of the postcards going to several thousand households in their districts. They love being associated with a valuable public service like free glaucoma screenings. Relationships with legislators are strengthened simply by mailing the postcards.

There was no time before the event for the ophthalmologists to greet the legislators. People were always waiting in line to be screened when the ophthalmologists arrived so the screenings started immediately. Legislators stayed for a while at the events, but the ophthalmologists were busy the entire time. You either need to schedule time before the patients arrive, interrupt the screenings, or wait for a slow time to interact with the legislator. Having an executive director present is helpful as he or she can interact with the legislator even if the ophthalmologist(s) is too busy with patients.

**Kevin C. Engel, MD**  
**Minnesota Academy of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Integrating The University of Minnesota Medical Students Interest Group in Ophthalmology into the Minnesota Academy of Ophthalmology*

**Purpose:** The Student Sight Savers, a University of Minnesota Medical School Ophthalmology interest group has long been jointly sponsored by the University and the Minnesota Academy of Ophthalmology. The group does vision screening and public relations work throughout the state of Minnesota. Additionally, the group meets and attends lectures to gain familiarity with the specialty of ophthalmology. However, there has been very little interaction between this group of highly motivated medical students and the members of the Minnesota Academy. To this end my project was aimed at bringing these two groups together for the mutual benefit of both groups.

**Methods:** Numerous meetings were held with several groups, including the board of directors of the Minnesota Academy, with the Executive Director of the Minnesota Academy, and with the members of the Foundation of the Minnesota Academy to determine how the student sight savers could be exposed to the Academy and to the specialty of Ophthalmology.

**Results:** A new program was started whereby the members of the student sight saver group have been paired with a “mentor” who is a member of the Minnesota Academy of Ophthalmology. The medical students will attend MAO sponsored academic meetings with their sponsoring member. Additionally, the medical students will spend time with their “mentor” in that mentor’s clinic, gaining additional perspective into the practice of ophthalmology and insight into a career in ophthalmology. Separately, the Foundation of the Academy is working towards increasing the public relations and ability of the Academy to sponsor community health initiatives. A weekend retreat specifically aimed at this task has been planned for this October. These activities will be targeted to increase the contact time and events the medical students can participate in throughout the year. By doing this, the medical students will gain additional insight into eye care careers, get to spend additional time with members of the academy and be able to use these events as volunteer opportunities for this applications into ophthalmology residency programs.

**Eric Fry, MD**  
**Kansas Society of Eye Physicians and Surgeons**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Rural Kansas Ophthalmology Initiative*

**Purpose:** Kansas is a mostly rural state. Most of the Ophthalmologists in the state are concentrated in the metropolitan areas of the state. Because of this, the Ophthalmologists in the rural part of the state are responsible for large geographic areas. Most of the rural Ophthalmologists have also been in practice 15 years or more. If those Ophthalmologists do not have someone to replace them when they retire, there will be large parts of the state without Ophthalmology coverage. It is very difficult to obtain exposure to rural ophthalmology as a resident, thus it is difficult to recruit Ophthalmologists to those rural settings. If this trend continues, it will expose Kansas to Optometry's continued expanded scope of practice. We propose a Rural Ophthalmology Tract to interested residents to expose them to the surprisingly progressive nature of rural Kansas Ophthalmology in hopes they will consider a rural setting when they are deciding on where to locate following residency. In addition, KSEPS is most enthusiastically supported by the rural ophthalmologists which will encourage residents to continue active participation in there state society.

**Methods:** Many of the state's rural Ophthalmologists have partnered with the University of Kansas Ophthalmology program to give the option of a Rural Ophthalmology Rotation during their 2<sup>nd</sup> year of residency. During this rotation the rural sights would function in the training, both clinically and surgically, of the residents as well as expose them to the volume and scope of practice that we see in rural Kansas. The rotation during their 2<sup>nd</sup> year would last 1-2 weeks. If the resident was so inclined, they could spend a month at the rural preceptor's sight during their 3<sup>rd</sup> year for more exposure.

**Results:** We hope to spur an interest in pursuing a career in Ophthalmology outside of metropolitan areas and repopulate rural Kansas Ophthalmology.

**Conclusion:** This will be an ongoing project with results that will take years to tell if we are effective, but I will keep you posted!

**Jeffrey P. Gallo, MD**  
**Massachusetts Society of Eye Physicians and Surgeons**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Development and Promotion of a Networking Modality Available to Society Members Seeking New Physician Employees.*

**Purpose:** Our society has been approached, with increasing frequency, to assist area practices with recruiting new hires from the training programs within our state. A recent society survey placed recruitment assistance as a high priority for members. Until recently only contact information for program directors could be offered. To better serve these requests, and enhance the value of membership in our society, a networking modality similar to the social media tools used by ophthalmologist in training would be essential.

**Methods:** An internet based job portal was designed and added to the website of the Massachusetts Society of Eye Physicians and Surgeons (MSEPS). Society members can access a questionnaire regarding practice opportunities by pressing a link “*Post a Position*”. The questionnaire is reviewed by the society executive director and submitted to the website manager for posting. The job opportunity can be viewed by anyone visiting the MSEPS website by pressing a link “*Looking for a Job?*” Ophthalmologist in training at one of the three programs within Massachusetts have immediate and up to date access to opportunities for employment. A curriculum vitae may also be posted by clicking a link “*Post a Resume*” and completing a questionnaire. Links to the MSEPS website are being positioned on the websites, FaceBook pages, and other commonly used social media outlets frequented by ophthalmologist in training.

**Results:** A job portal was successfully designed and implemented allowing young ophthalmologist at local training programs to access job positions available by members of the Massachusetts Society of Eye Physicians and Surgeons. An increasingly important need of society members was addressed enhancing the value of membership in our society.

**Conclusion:** State societies must be ever vigilant in identifying the needs of the membership. Addressing member needs, educational, professional, or advocacy, enhances the value and will ensure the ongoing vitality of the state ophthalmologic society.

**Christopher A. Girkin, MD, MSPH**  
**Association for Research in Vision and Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Development of an Ophthalmic Residency Academic Track to Facilitate Development of Clinician-Scientists.*

**Purpose:** To develop a distinct track during ophthalmology residency that prepares residents for a career in research. The tenants of this program are to provide faculty mentorship, protected time during residency for research, a general research curriculum and appropriate research support. The program should enable the participating residents to complete a significant research project that will result in the publication(s) of impactful research, while providing a focused direction, the basic skills needed and preliminary data to submit a post-residency/fellowship application for K-series grant.

**Methods:** A pilot program was designed and implemented within the UAB Department of Ophthalmology residency program, a historically strong clinical/surgical program that has not regularly produced clinician-scientists, but reside in a Department with robust research faculty and infrastructure. Communication of the positions and the requirements of the academic track were provided to the 2013 first year residents. The second year of the residency program beginning July 2014 was restructured to allow for 2-3 academic track positions, which provide 8 weeks of protected research time and more intensive research training from existing research faculty. The participating resident selects a faculty mentorship team and decides on a project that will carry forward through their training. By the end of the first year the resident's aims and methods for their project are solidified and submitted for review by the Departmental Research Committee. The second year is reserved for implementation of the project and didactic research training and the third year for publication preparation, presentation at national meetings and career planning.

**Results:** The primary outcome measures are the number of graduating residents that submit successful applications for K training grants and/or other federal research funding proposals and the number of graduating residents that join academic faculty positions. The secondary outcome is the number and impact of research publication by residents based on work performed during this program. Given that this is the first year this program was implemented these endpoints are not yet available. Three of our five first year residents elected to participate in this program. At this point, they have each developed their mentorship team and have selected their training projects.

**Conclusions:** Development of an academic track to enhance research training is a promising method to develop the careers of potential clinician-scientists. The initial positive response rate from residents speaks to the interests in this program. The effect of this program on publications, increasing research faculty and increasing the proportion of successfully funded clinician-scientists will need to be tracked to determine the success of the program.



**Thomas W. Harper, MD**  
**Kentucky Academy of Eye Physicians and Surgeons**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** “Wear the White Coat” for Kentucky Eye Care

**Purpose:** With the passage of SB110 in 2011, Kentucky became the second state to allow optometric lasers and scalpel procedures. The Kentucky Academy of Eye Physicians and Surgeons (KAEPS) determined that many of the legislators may have voted differently if properly educated on the complexities of eye surgery, the training necessary for the management of its complications, and the significant differences between ophthalmology and optometry. A long-term project was launched in which legislators would be invited to our operating rooms and ambulatory surgical centers to view eye surgery and converse with our members about our concerns for the future of eye care in Kentucky.

**Methods:** Volunteers who agreed to host Kentucky legislators were solicited from our membership. With assistance from our lobbyists, members were paired with legislators by geographic location and shadowing sessions were scheduled.

**Results:** To date, three state legislator visits have been scheduled, and U.S. Senator Rand Paul has been scheduled to perform free cataract surgery in Louisville. Scheduling continues. Efforts are focused on Kentucky Senate, House, and committee leadership. Hospitals have been resistant to having visitors in the operating room because of liability concerns. Ambulatory surgical centers have been much more willing to participate.

**Conclusions:** Legislators have shown interest in participating, and the program will become an on-going component of the advocacy efforts of KAEPS. Because of regulatory hurdles, efforts may be limited to the ambulatory surgical centers and the offices of KAEPS members. Since the passage of SB110, KAEPS has established a visible presence in our state capitol and have forged valuable relationships with members of our state legislative leadership.

**Michael S. Jacobs, MD**  
**Georgia Society of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *ICD-G: Initiate Constructive Dialogue-Georgia Between MDs & ODs*

**Purpose:** Utilize a joint legislative effort as a vehicle to initiate a dialogue and collaborative effort between ophthalmology and optometry. Propose legislation to be supported by both professions, e.g., a bill to facilitate the early refill of glaucoma medications so patients will not run out of their drops.

**Methods:** 1. Contact (then) President of Georgia Optometric Association (GOA) Stuart Tasman OD to initiate relationship and agree to potential benefit of constructive collaboration with Georgia Society of Ophthalmology (GSO). 2. Identify legislative topic pertinent to ophthalmologists and optometrists to benefit both professions. 3. Develop relationship with local state legislator Rep. Spencer Frye to sponsor legislation in upcoming state session. 4. Identify key hurdles in legislative process. 5. Meet Chair of Health and Human Services Rep. Sharon Cooper to gain support. 6. Arrange meeting with Rep. James Beverly OD (only optometrist in state legislature) along with Rep. Frye and Dr. Tasman to outline approach for legislation introduction. 7. Recruit leaders in both professional societies to jointly appeal the legislators during the upcoming session. 8. Identify other potential areas which both groups could continue collaboration on behalf of the shared patient population.

**Results:** To date, several meetings have taken place between Dr. Tasman and myself. After establishing rapport, we successfully identified a legislative issue that both societies could collectively work together in effort to benefit our patients (early refill of glaucoma medications), while equally importantly providing an avenue for members of each profession to communicate professionally as well as socially. Rep. Frye agreed to sponsor the legislation, and at his recommendation a meeting has been scheduled in the coming weeks with Rep. Cooper to garner her Committee's support. Upon securing her support, we hope to continue the process as outlined above.

**Conclusions:** In addition to the obvious benefit of securing legislation for the good of our collective patient population, the primary objective of this project is to serve as an introduction to both the GSO and GOA for future communication, understanding, and collaboration. Acknowledging the often confrontational and competitive history between the organizations and their membership, and more importantly recognizing that conflicts of interest will forever exist, the leadership of both groups must appreciate the value of the initiation and continuation of dialogue amongst our professions. Even if we should fail to pass our proposed legislation, progress has already been achieved based upon the relationships forged. The challenge ahead will be to expand upon this initial success, engage other members of each association to accept the benefits of maintaining open minds and conversation as we struggle together to meet the needs of our expanding patient base.

**Krishna S. Kishor, MD**  
**Florida Society of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Improving Efficiency at the West Palm Beach Veterans Administration (WPBVA) in the Clinic and Operating Room.*

**Purpose:** Today's aging population requires a health care delivery system that is comprehensive yet efficient. In the veterans hospitals, we are presented with an increase in veterans entering the system as well as an aging veteran base.

The allocation of resources forces specialties to increase the volume of cases seen in clinic and/or the operating room (OR).

My mission was to identify and implement strategies to improve efficiency at the West Palm Beach Veterans Administration ophthalmology clinic and operating room.

By current standards, the clinic template allows each physician to examine about fourteen patients a day. In the operating room surgeons can only perform four cases a day. The goal was to expand the schedule to twenty-five patients in the clinic and increase OR cases to five or six.

**Methods:** The workflow in clinic and the OR was observed with the help of a student. Data analyzed included patient and physician arrival times, total time of visit, time spent with technician, imaging department and the physician. Similar time data ("in-room time", "out-room time", surgeon time, turn over time) was compiled for the OR. The times were calculated and presented to the physician and lead technician. The delays were analyzed and staff shortages were taken into account.

**Results:** Poor patient flow was identified as a main limitation in the clinic. Staff limitation was identified as the primary reason for decreased patient volume in the OR. Additional OR staff was recruited and this allowed an increase in cases to be performed. Over five months, the clinic schedule has increased by two patients weekly until twenty-five patients were achieved with the addition of new technicians.

**Conclusion:** With proper flow analysis, the goal of examining twenty-five patients and performing five to six cases were achieved at the WPBVA.

**Cecily A. Lesko, MD, FACS**  
**New Jersey Academy of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Enhancing Membership and Strengthening the Financial Viability of the New Jersey Academy of Ophthalmology*

**Purpose:** To establish new membership benefits to help retain our current membership and to attract new members. To develop revenue streams for the NJAO that is not dependent on membership dues.

**Methods:**

To address the issue of membership:

- The NJAO membership lists needed to be updated. This was done by merging data from the NJAO, AAO as well as provider directories from various health plans, hospital and surgery centers in New Jersey Enhance member benefits
- Developing informational cards available to members with interesting information either clinical or practice management related
- The first clinical card is “*Know your Anticoagulants*”. There are many new anticoagulant antiplatelet medications and some doctors and their staffs are not familiar with all of them. This is a printable card that has all the anticoagulants/antiplatelet therapies brand and generic names on the front organized by type and on the back it has some generic information about them.
- Meeting with current consultants to try to negotiate new discounts and programs available to members only.

To strengthen financial viability of the NJAO:

- Avenues of generating non-membership dues driven revenue. NJAO established a corporate sponsorship program centered around our annual meeting. Researched information on all the corporate sponsorship programs currently in practice in the metro-east area. Due to the overlap in potential corporate sponsors between ophthalmology and optometry, an attempt was made to gather any publically accessible information on corporate sponsorship from both types of.

**Results:**

- NJAO membership list is as updated, NJAO is reaching out to newly discovered prospective members practicing in New Jersey
- The first informational card “Know your anti-coagulants” is ready and will distributed pending NJAO pending board approval (attachment #1)

**Cecily A. Lesko, MD, FACS**

*Project: Enhancing Membership and Strengthening the Financial Viability of the New Jersey Academy of Ophthalmology*

- The corporate sponsorship program is up and running (see attached #2)
- New Member only benefits that have already been enacted. NJAO has partnered with OMIC providing premium discounts to NJAO members
- The NJAO consulting law firm Bach Eichler is now offering 1 hour of free legal consultation per paid member. Brach Eichler is also providing Notice of Privacy Practices and Business Associate Agreements to members free of charge. They are also providing discounted rates on HIPAA Privacy and Security Manual.
- Exploring partnership with ConnectOnCall to enhance on call experience for member physicians

**Conclusions:** Since these initiatives are just be enacted now, specifically at the NJAO annual meeting in September the effectiveness cannot yet be assessed. NJAO have signed up some corporate partners. Many members have already used their free legal consultation and discounted HIPAA manuals



### **Coumarins (vitamin K antagonists)**

- ◆ **Coumadin** (Warfarin)
- ◆ **Jantoven** (Warfarin)
- ◆ **Dicumarol** (Dicumarol)
- ◆ **Miradon** (Anisimidione)

#### **Outside the USA**

- ◆ **Sintrom** (Acenocoumarol)
- ◆ **Warfilone** (Warfarin)

#### **Factor Xa Inhibitor**

- ◆ **Xarelto** (Rivaroxaban)
- ◆ **Eliquis** (Apixaban)



### **Anti-platelet Therapy**

- ◆ **Aspirin**
- ◆ **Plavix** (Clopidogrel)
- ◆ **Ticlid** (Ticlopidine)
- ◆ **Perdsantine** (Dipyridamole)
- ◆ **Brillanta** (Ticagrelor)
- ◆ **Effient** (Prasugrel)
- ◆ **Pletal** (Cilostazol)

#### **Thrombin Inhibitor**

- ◆ **Pradaxa** (Dabigatran)

#### **Bridging Anti-coagulation**

- ◆ **Heparin**
- ◆ **Low –Molecular weight Heparin**
- ◆ **Lovenox** (Enoxaparin)
- ◆ **Fragmin** (Dalteparin)
- ◆ **Arixtra** (Fondaparinux)



*The New Jersey*  
**Academy of Ophthalmology**  
New Jersey Eye MDs

202 West State Street • Trenton, New Jersey 08608  
609.392.1201 • Fax: 609.392.2664 • [www.njao.org](http://www.njao.org)

### **About the New Jersey Academy of Ophthalmology**

Founded in 1975, the New Jersey Academy of Ophthalmology is the state's premier professional society of Ophthalmologists. It is nationally recognized for its leadership in innovative programming, quality education and strong State advocacy in Trenton. The purpose of the Society is to:

- To promote the ophthalmologic welfare of the public
- To promote the scientific progress of ophthalmology and
- To promote the skills and education of its members

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### **Partnership Opportunities**

You can reach your target ophthalmologist audience through the NJAO Partnership Program. NJAO provides exposure opportunities to participating vendors in exchange for varying levels of monetary support. Your financial support helps NJAO keep membership dues affordable and continue developing high quality programming. In return, businesses receive visibility, awareness and exposure to the State's leading ophthalmic professionals.



*The New Jersey*  
**Academy of Ophthalmology**

New Jersey Eye MDs

202 West State Street • Trenton, New Jersey 08608  
609.392.1201 • Fax: 609.392.2664 • www.njao.org

**Platinum Level - \$10,000/year**

- Access to NJAO membership list for promotional purposes.
- Exposure at the NJAO Annual Meeting
  - Exhibit Booth in High Exposure Area
- Use of the NJAO Platinum Partner Logo
- Invitation to up to four company representatives at three exclusive “platinum partner” events, attended by the NJAO Board and Leadership.
- Speaking opportunity at the NJAO Annual Meeting to physician staff.
- Placement on the NJAO website with a direct link to your company’s New Jersey page. Sales representatives and special New Jersey-specific programs will be highlighted.
- Article in two of the NJAO monthly newsletters, sent electronically to all NJAO members.
- Promotion in the NJAO Annual Meeting brochure.
- Company logo featured on Annual Meeting banner.

**Gold Level - \$5,000/year**

- Access to NJAO membership list for promotional purposes.
- Exposure at the NJAO Annual Meeting
  - Exhibit Booth in High Exposure Area
- Use of the NJAO Gold Partner Logo
- Placement on the NJAO website with a direct link to your company’s New Jersey page. Sales representatives and special New Jersey-specific programs will be highlighted.
- Article in one of the NJAO monthly newsletters, sent electronically to all NJAO members.
- Promotion in the NJAO Annual Meeting brochure.
- Company logo featured on Annual Meeting banner.

### Silver Level - \$2,500/year

- Access to NJAO membership list for promotional purposes.
- Exposure at the NJAO Annual Meeting
  - Exhibit Booth
- Placement on the NJAO website with a direct link to your company's New Jersey page. Sales representatives and special New Jersey-specific programs will be highlighted.
- Promotion in the NJAO Annual Meeting brochure.
- Company logo featured on Annual Meeting banner.

Additional opportunities for support of educational and programming events are available, including:

- Quarterly Board of Directors Meetings
- Speaker/Board dinner preceding Annual Meeting
- On the Road dinner series, held around the State in 3-4 geographically diverse areas
- Additional communications through newsletter and website
- Annual Meeting sponsored materials, such as lanyards, notebooks, totebags, pads/pens, etc.

If interested in these and other opportunities, contact Beverly Lynch, NJAO, at 609/392-1201.

**Shannath L. Merbs, MD, PhD**  
**American Society of Ophthalmic Plastic and Reconstructive Surgery**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Development of a White Paper to Standardize Criteria for Coverage of Blepharoplasty and Ptosis Repair*

**Purpose:** The number of Medicare claims for blepharoplasty has significantly increased over the last decade according to data released by the Department of Health and Human Services. While the increase in surgical volume for these services is driven partly by patient demand, vague criteria exist which can confuse practitioners performing functional upper eyelid surgery. Lack of clear cut objective criteria and ambiguity in coverage allows for potential abuse, whether intentional or not. This project was to develop a white paper to establish uniform objective, evidence-based criteria for the functional indication for upper eyelid blepharoplasty, ptosis repair, brow ptosis repair, and lower eyelid blepharoplasty that will be equally useful to physicians, patients, and third-party payers.

**Methods:** The current Local Coverage Determinations (LCDs) of the 9 Medicare carriers, provided by the AAO, were reviewed for existing criteria. The literature was reviewed for criteria that were obvious, objective, repeatable, evidence-based, testable and easily documented. Qualitative and quantitative criteria from “The Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery – A Report by the AAO” were incorporated into the White Paper draft. The draft was then presented to the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASORPS) Executive Committee and reviewed by the ASOPRS Coding Committee.

**Results:** While most LCDs have similar criteria for patient symptoms and photographic documentation, they vary significantly with respect to visual field documentation. Currently, 3 of the carriers explicitly do not require visual fields for documentation. The other carriers endorse different methods and/or numeric benchmarks for visual field testing. The current version of the White Paper is written without a visual field documentation requirement as the most recent LDC versions do not include them. As an example, recommended coverage indications for upper eyelid ptosis repair are 1) The patient’s subjective complaint of interference with vision or visual field-related activities, and 2) a margin to reflex distance (MRD) no greater than 2 mm. Recommended documentation requirements include clinical notes detailing a patient complaint of visual impairment secondary to abnormal eyelid position, as well as clinical notes documenting that the measurement thresholds have been met and photographs verifying the physical examination.

**Conclusion:** The White Paper is currently being reviewed by a group of surgeons who have undergone a Recovery Audit Contractor (RAC) audit in the past year for blepharoplasty. Next, the White Paper will be presented to the ASOPRS membership for an open comment period. The final version will be given to the AAO Washington office who will distribute it to the carriers with the hope that it will be adopted by all carriers thereby standardizing the functional indication for upper eyelid blepharoplasty, ptosis repair, brow ptosis repair, and lower eyelid blepharoplasty.

**W. Walker Motley, MS, MD**  
**Ohio Ophthalmological Society**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Ohio Ophthalmological Society Young Ophthalmologists Outreach*

**Purpose:** The mission of the Ohio Ophthalmological Society (OOS) is to provide its members with professional education, service and advocacy. The purpose of this project was to increase Young Ophthalmologists' awareness of the value of state eye society membership by developing educational content of interest to current residents-in-training and in a format that is accessible and appealing to young ophthalmologists.

**Methods:** An educational needs assessment of current ophthalmology residents in Ohio was performed. Residency program directors and residents of the 6 Ohio ophthalmology residency programs were asked to participate in the educational needs assessment survey that included questions on educational topics of interest and educational modalities that would appeal to residents. Live, interactive, online, video, educational modules were developed, presented and recorded. Links to the recorded video modules were posted on the OOS website.

**Results:** Residency program directors or department chairs from each of the 6 Ohio ophthalmology residency programs and 10 Ohio ophthalmology residents were contacted by phone and completed surveys. The most commonly cited educational need (100% of respondents) was for career planning content to educate residents about transitioning from training into the practice of ophthalmology. Specific topics elicited from respondents included evaluating employment agreements, coding and documentation, evaluating private practices and matching into fellowship programs. All respondents were less interested in the OOS providing clinical/surgical educational material (e.g. glaucoma treatment, cataract surgery, etc) for residents since they tend to receive comprehensive clinical/surgical training as required by the ACGME. An interactive in-person or web-based panel discussion format was the most frequently recommended by respondents.

Based on the needs assessment survey, a series of six, 30-minute, live, interactive, career planning webinars was developed using iLinc ([www.ilinc.com](http://www.ilinc.com)) and moderated by Dr. Motley featuring experts in the following areas: 1) *What To Look For In Your First Employment Contract*, 2) *Strategies On Matching Into An Oculoplastics Fellowship*, 3) *What To Look For Before Joining An Ophthalmology Private Practice*, 4) *Strategies On Matching Into A Vitreo-Retinal Fellowship*, 5) *Introduction To Coding and Documentation For New Ophthalmologists*, 6) *I Like Working With Kids But Can I Repay My Loans And Make A Living As A Pediatric Ophthalmologist?* Webinar registration requests were received from 42 different ophthalmology residents from the 6 programs in Ohio. Invited discussants were prepared with lecture material and PowerPoint slides, but most of the sessions were driven by questions asked by the webinar attendees via instant messaging chat. Feedback from the residents, residency program directors, and invited discussants was overwhelmingly positive. Total expense was \$43.75 for a 1-month iLinc webinar service subscription through Cincinnati Children's Hospital Medical Center.

**W. Walker Motley, MS, MD**

*Project: Ohio Ophthalmological Society Young Ophthalmologists Outreach*

**Conclusions:** There is a need for career planning education for current ophthalmology residents that may be filled by state societies using low cost, resident-accessible methods. The benefit for state eye societies is increased awareness by Young Ophthalmologists of the value of state society membership.



**NamTran H. Pham, MD**  
**Asia-Pacific Academy of Ophthalmology**  
**Viet Nam Ophthalmology Society**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Development of an Ophthalmology Continuing Education (CE) Certification Program in Ho Chi Minh City, Viet Nam*

**Purpose:** Create a standardized, financially sustainable, and effective continuing education (CE) program to help Vietnamese ophthalmologists maintain their competency and update clinical knowledge.

**Methods:** A memorandum of understanding was signed in 2013 which established a partnership between: the Ho Chi Minh City University of Medicine & Pharmacy, Department of Ophthalmology, as the certifying institution recognized by the Viet Nam Ministry of Education and Ministry of Health, and the Vietnamese American Ophthalmology Symposium (VAOS), as the coordinator for educational content and funding.

Training targets were ophthalmologists pursuing graduate courses at the University of Medicine & Pharmacy of Ho Chi Minh City and practicing ophthalmologists in Ho Chi Minh City and surrounding provinces. Standardized CE guidelines and recommendations from established training sources (such as ICO, AAO) were used. Lecturers comprised of visiting specialists from the US/Canada and local ophthalmology specialists. A post-CE test was given and a minimum score was needed to earn a CE certificate for the event.

**Results:** The first CE program was carried out successfully in November 2013 with 65 attendees. Our goal is to have 3 CE events in 2014.

November 2013--Clinic Evaluation of the Optic Nerve; Glaucoma Optic Neuropathy

March 2014—Orbital Anatomy, Disease and Surgery

August 2014—Vitreoretinal Surgery Updates

December 2014—Glaucoma Updates

**Conclusions:** Continuing education is an important professional activity that should be accessible for all Vietnamese ophthalmologists, and achievable through collaboration.



**Donald Stone, MD**  
**Oklahoma Academy of Ophthalmology**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *Improving Value (and Revenue) of a State Ophthalmology Society*

**Purpose:** To improve the ability of the Oklahoma Academy of Ophthalmology to meet its' member's needs; the multi-faceted approach included assessing and improving perceived value, improving state-wide membership, and improving revenue from sources other than membership dues.

**Methods:** To achieve this, a survey was utilized to explore the perceived value of the state society. A phone and email campaign to increase participation among previous members and non-members was pursued. Lastly, the annual CodeQuest seminar was conducted by the OAO staff utilizing AAO speakers and materials; state society members were offered the course at a discounted rate.

**Results:** The survey revealed the following areas of perceived value of the state society, in descending order: 1) Advocacy at the state level, 2) OMIC discount, 3) Information about laws and regulations, 4) CodeQuest seminar, 5) other coding education such as newsletters and email updates, 6) Representation in state medical society, AAO, and the council, 7) Leadership development for residents and young ophthalmologists, 8) Public awareness such as eye safety, 9) Affordable CME at state society meeting. These results were then incorporated into a phone and email campaign to reach out to former- and never-members, accentuating the aspects of state society membership that were reported as more important by survey respondents. Members participating in CodeQuest were also given a discounted rate; membership increased from 78 to 89, a 14% increase. The new members reported the personal phone call as an effective reminder to join, as well as the perceived value of discounted CodeQuest tuition offered to members.

**Conclusions:** In Oklahoma, advocacy at the state level was perceived as the greatest value provided to members of the state society. Despite a lower rank of importance on the member survey, CodeQuest was an integral part of providing value to state society members; providing a discounted tuition rate to members contributed to improved state membership enrollment. Organizing the course and managing the registration and logistics also allowed the state society to retain a larger portion of the proceeds of the seminar, while still utilizing the excellent speaker and course materials provided by AAO.



**Andrew Thliveris PhD, MD**  
**Association of Veteran Affairs Ophthalmologists**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

***Title of Project:*** *The Use of Femtosecond Laser Assisted Cataract Surgery in Resident Training*

**Purpose:** To determine patient outcomes, complication rate and efficiency using the femtosecond laser to assist in resident cataract surgery.

**Methods:** Edward Hines, Clement J. Zablocki, Jesse Brown and W.S. Middleton VA medical centers are coordinating their efforts involving a study to ascertain patient outcomes, safety, and efficiency of using the femtosecond laser to assist in resident cataract surgery. A study of this size will allow us to achieve statistical significance over a relatively short period of time for the proposed outcome measures. Outcome measures will be followed by monitoring pre and post-op astigmatism, the need to corneal suture, endothelial cell loss, pachymetry and post-operative visual acuity. Safety of the procedure will be followed by monitoring the infection rate, anterior/posterior capsular tear and the vitreous loss rates. Efficiency of using the laser in resident cataract procedures will be studied by placing the laser in two locations, one in the same operative suite the cataract extraction is being performed and the other in an adjacent room. Case and turnover times will be collected. Resident phaco times with and without the laser will be compared to determine if a laser pre-fragmented lens is more efficiently extracted.

**Results:** At present, all facilities are working toward faculty certification. Alcon LensX requires each training faculty to log 40 cases before being able to supervise residents. Middleton VA has 2 faculty and Jesse Brown has one faculty certified to date. Edward Hines, Clement J. Zablocki VA medical centers are working to obtain faculty certification. Efforts are being made to ensure all facilities have the necessary equipment to collect the desired data.

**Conclusions:** The use of femtosecond-assisted cataract surgery utilizes the latest technology to remove cataracts. At present, there are very few studies to examine the efficacy of using this technology in resident training. We are in the process of equipping each participating VA medical center to collect the data needed to determine patient outcomes, safety and efficiency when using such technology. We anticipate that the use of the laser will increase patient throughput, which will address current VA patient surgical backlogs.

**William K. Wong Jr., MD**  
**Hawaii Ophthalmological Society**  
**Leadership Development Program XVI, Class of 2014**  
**Project Abstract**

**Title of Project:** *Hawaii Ophthalmic Technician Training Program*

**Purpose:** Hawaii is an isolated state without an ophthalmic technician training program, 2500 miles from its nearest neighbor. We rely on ophthalmic technicians that relocate to Hawaii, or train them ourselves on the job. A great need exists to ensure a supply of adequately trained, motivated technicians for our state's ophthalmic community, as well as the entire Pacific Rim.

**Methods:** The members of the Hawaii Ophthalmological Society were polled using an 8 question survey deployed by Survey Monkey. Based on these answers, I identified both a need to create a standardized ophthalmic technician training program in Hawaii, as well as a willingness to assist with externship training in our individual practices. HOS members also indicated that students completing the program would qualify for preferential hiring and higher wages. A local Medical Assistant School was approached to design and offer this program in their curriculum. I then extended the search for additional resources from the rest of Hawaii's ophthalmic community.

**Results:** 24 HOS members responded to the survey. 19/23 (82.6%) felt there is need for a eye tech training program in Hawaii, would preferentially hire graduates from this program, and pay a higher wage for these graduates. 13/21 (61.9%) respondents would expect training to be at the medical assistant level with eye training, 6/21 (28.6%) would like COA level training, and 2/21 (9.5%) would like COT level training. 22 respondents indicated a willingness to assist the program by providing staff and facilities to train students, or donations of equipment or scholarship funds.

**Conclusions:** The Medical Assistant School of Hawaii is eager to partner with HOS to implement this program in their current course offerings, and has begun course development based on JCAPHO guidelines. We are aiming to train students at the medical assistant level with eye specialization, and enough knowledge to pursue a COA certification and beyond on their own after gaining enough clinical experience. Budget analysis shows cost of \$28,755 per student to complete their Medical Assistant degree with eye specialization. We have secured equipment donations from a local equipment supplier as well as HOS members. Senior COA's and COT's in Hawaii have pledged their services as instructors, and advisors. Our local Essilor optical lab has pledged to instruct the students on basic optical skills. We have also applied for the AAO Innovation in State Society Membership Grant to assist with the creation of this program. Our current timeline projects a program launch date of January 2015.