



**Manal Bouhaimed, MBChB, PhD, FRCS(Ed)  
Middle East African Council of Ophthalmology  
Leadership Development Program X  
Project Abstract**

***Title of Project:*** *Diabetic Retinopathy Screening Services in MEACO Region*

**Purpose:** To increase availability of Diabetic Retinopathy Screening Services (DRSS) throughout the Middle-East and African region under the Middle East African Council of Ophthalmology (MEACO) umbrella and in collaboration with the American Academy of Ophthalmology (AAO) and International Council of Ophthalmology (ICO). The project will focus on telemedicine as one possible way to utilize the existing technical resources in the region and making imaging equipment available by partnering with industry. This initiative will also look at how best to expand human resources and expertise available regionally and exploring other resources to support these centers.

**Methods:** 1-With an eye toward strategically placing DRSS centers so that they might be shared/ accessed by many communities in the region, the first step was to secure financial and administrative support to the feasibility study of such an initiative. 2- A proposal was submitted to the Executive Council of the Ministers of Health in the Arabian Gulf Council (GCC) to support this initiative.

**Results:** The Executive Council of the Ministers of Health in the Arabian Gulf Council (GCC) has approved the financial support to the feasibility study (\$ 60,000).

**Conclusions:** With a high prevalence of Diabetes in the region (up to 20% in the GCC countries), Diabetic Retinopathy (DR) is one of the major causes of preventable blindness. We therefore looked at ways to facilitate an early detection of DR through introducing DRSS centers which focus on digital imaging and telemedicine as a method of screening and sharing limited technical and human resources. With regional and international support, we expect to see positive results from the feasibility study planned to start in December 2008.



**Joseph M. Coney, MD**  
**National Medical Association – Section on Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *National Medical Association Health Fair and Eye Care America Initiative*

**Purpose:** To educate and raise awareness to underserved inner city communities that are at risk for treatable eye and medical conditions. Promote the Eye Care America initiatives to seniors over the age 65 with age related macular degeneration, glaucoma, cataracts, and diabetes who are uninsured to get eye examination by volunteering physicians. And to increase Eye Care America volunteers in the NMA to provide quality eye care for these individuals and their communities.

**Methods:** The National Medical Association (NMA) was established in 1895 to address the racial disparity in medicine and serve as an organization that fosters leadership and academic excellence. Today, out of the 17,000 ophthalmologist in the United States, less than 300 are African American. Retention and recruitment serves a vital role in the African American community because they are more likely to return to urban communities to provide care to the underserved and uninsured. As the population increases and the health disparity widens, it is imperative that these communities are educated about preventive and treatable eye diseases and options for eye care for the uninsured.

The NMA organized a health fair at a community medical center in inner Cleveland and at a prominent church. It was co-sponsored with a local radio station. Specialist from internal medicine, OB/GYN, family medicine, surgery, psychiatry, pediatrics, and ophthalmology provided educational seminars, complete physicals, and private consultations. Blood pressure, cholesterol and glucose test were also performed. Each specialist was offered radio air time to promote medical awareness that were of concern to their field of interest.

The ophthalmology section provided vision screening and passed out brochures regarding the Eye Care America initiative. We focused on the early detection of diabetic retinopathy and glaucoma as the majority of the individuals were African American. A designated area was available for private consultations and unique circumstances. Eye Care America volunteers also conducted a glaucoma screening at the annual National Medical Association meeting in Atlanta. Additional support was from Prevent Blindness of America and Emory School of Medicine.

**Results:** Over a weekend, nearly five hundred people attended the health fairs. The community center demographics were mostly low income citizens predominantly African American and Hispanics. Visual screening detected many individuals with visual acuities <20/60 and several children with strabismus. Nearly all were uninsured and never had eye exams and only seek medical attention when there is a problem. The majority were unaware that diabetes affects the eyes and more importantly, could result in blindness if not diagnosed and treated early.

**Joseph M. Coney, MD**

*Project: National Medical Association Health Fair and Eye Care America Initiative (cont'd)*

The community church was predominantly African American from all socioeconomic backgrounds. They were well informed about treatable eye diseases, specifically, diabetes, glaucoma, cataracts and macular degeneration. The majority received routine eye care and had exams within the last year. Nearly everyone wanted a private consultation which was provided by volunteering ophthalmologist.

Volunteers from Eye Care America, Prevent Blindness of America and residents from Emory Ophthalmology department screened 219 physicians in Atlanta at the annual National Medical Association.

**Conclusion:** Conducting vision screenings with local organizations provides an establish population of people to exam and educate, as well as build strong relationships with that organization. Adopting high risk communities has a high sensitivity for pathology and affords those individuals valuable information on treatable and preventive medical conditions. It can serve as a platform to inform uninsured individuals' vital information regarding alternatives ways to get access to quality healthcare thorough charity organizations and programs like Eye Care America.



**Philip L. Custer, MD**  
**American Society of Ophthalmic Plastic and Reconstructive Surgery**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:*** ASOPRS Strategic Planning Survey

**Purpose:** To obtain, collate, and analyze data regarding the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) membership. This information will assist the organization's leadership in making decisions necessary to achieve the Society's mission to advance education, research and the quality of clinical practice in the fields of aesthetic, plastic and reconstructive surgery of the face, orbits, eyelids, and lacrimal system.

**Methods:** The survey proposal was submitted to the ASOPRS leadership, who approved the project. An anonymous, internet-based format was chosen, using commercially available software (SurveyMonkey). The survey was developed with input from the current, future, and past presidents of the organization.

**Results:** The survey was performed May-June 2008. After the first request for participation, several follow-up email reminders were sent to ASOPRS members. A second solicitation was later sent to all who did not initially respond. We were able to generate a 66% total response rate, with 314 of 473 members choosing to participate. The preliminary survey results were distributed to the ASOPRS leadership in June 2008. More detailed data analysis is being performed and will be submitted prior to the Executive Committee meeting in November 2008.

**Conclusions:** Leaders of a subspecialty medical organization must make decisions that not only impact the subspecialty, but can also affect the group's individual members. An on-line survey is an efficient and cost effective method of obtaining anonymous input from the organization's membership. Multiple requests for participation may be needed to achieve an acceptable response rate. Detailed information about the current makeup of the membership, their practices, and needs will assist the leaders of ASOPRS in making informed decisions regarding the future direction of the organization, and how best to work with the greater medical community in achieving the Society's mission.



**Mary P. DeFrank, MD**  
**Oregon Academy of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract #1**

**Title of Project:** *Outreach to Oregon Academy of Ophthalmology (OAO) Members*

**Engage Oregon Eye M.D.s to find out how to get them involved in the OAO by making personal contacts with ophthalmologists in rural and geographically remote communities.**

**Purpose:** To demonstrate and reinforce to members, especially those in rural areas, that the Oregon Academy can be helpful to them; to identify specific services that would be useful to members; to provide those services when feasible.

**Methods:** (1) A survey was emailed to Oregon Academy members to determine the need for an additional CME program on pain management to help them meet the Oregon's statutory requirement by the 2009 deadline. (2) A letter will also be sent to rural and geographically remote members asking for their suggestions for other services. (3) Meetings with some rural members will be held, in person and by phone, to discuss suggestions for enhanced Academy services.

**Results:** Twenty-four per cent of the active Oregon Academy members responded to the pain management survey. A vast majority of the respondents needed all or some additional pain management CME now required in Oregon and were interested in attending a program specifically designed for ophthalmologists.

This fall the Oregon Academy will sponsor a CME pain management program focusing on pain issues in ophthalmology, including headaches, anesthesia and the eye, opioids for chronic non-malignant pain, post-herpetic neuralgia, cyclodestructive procedures for glaucoma and pain relief, and all aspects of angle closure glaucoma, plateau iris and malignant glaucoma. The Oregon Academy's Pain Management Program is scheduled for Saturday, October 18th, and will offer 6 AMA PRA Category 1 Credits.

- \* The event will be held outside Portland on the I-5 corridor as a relatively easy place for members throughout the state to attend.
- \* Discounted registration is offered for ophthalmologists from outside the Willamette Valley to promote participation from rural areas.
- \* The Oregon Academy will also provide members who cannot attend with information about additional resources available for on-line pain management education.
- \* Attempts were made to offer the course as an online webinar, but the costs were deemed too high for the Oregon Academy's limited budget. This will be an area of future interest as technology improves and costs come down.



**Mary P. DeFrank, MD  
Oregon Academy of Ophthalmology  
Leadership Development Program X  
Project Abstract #2**

***Title of Project:*** *Positioning the Academy on Optometry*

**Survey members on attitudes about optometric scope of practice and make the results of the survey available to the Oregon Academy of Ophthalmology's (OAO) Board of Directors to guide them in their decision-making.**

**Purpose:** To help the OAO Legislative Committee and leaders plan legislative strategy.

**Methods:** A survey was distributed at the 2008 annual meeting to determine Oregon Academy members' views on optometry and, specifically, our professional and association's relationship with optometry.

**Results:**

- \* Nearly one-quarter of the active membership responded to the survey.
- \* A strong majority of respondents felt that optometrists' privileges exceed their clinical training.
- \* Nearly nine out of ten respondents felt that organized optometry's political agenda is a threat to ophthalmology.
- \* Ninety-two percent felt that organized optometry's political agenda is a threat to public health.
- \* Three-quarters of the respondents are weary of fighting the same old fight, but 90% feel the Oregon Academy must continue resisting expansion of optometric scope of practice.
- \* Respondents were evenly split on the question of trying to work with optometry on issues of mutual concern.

**Conclusions:** The Oregon Academy of Ophthalmology enjoys excellent participation from ophthalmologists state-wide, but due to the state's population being concentrated in the Willamette Valley, with the greatest number in the Northwest region of the state, headquarters for the OAO are located in Portland, and most executive positions are held by Portland-area Eye MD's. By reaching out to our colleagues in the more rural region of the state we can identify and attempt to meet the needs of all Oregon ophthalmologists, and promote our specialty as a cohesive unit. Furthermore, our Academy has vigorously opposed the attempts by organized Optometry to increase its scope of practice. Since many rural ophthalmologists enjoy surgical co-management arrangements with optometrists, the urban members of the OAO Executive Committee were concerned that our rural colleagues might have differing opinions regarding such issues. The survey results indicated that the rural OAO members feel the same as the urban members and reinforced our commitment to continue to protect our specialty and our patients from increasing optometric scope of practice.



**Bradley D. Fouraker, MD**  
**Florida Society of Ophthalmology / Ocular Microbiology & Immunology Group**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Developing a Plan to Eliminate Wrong-Site, Wrong-IOL and Wrong-Patient Surgery*

**Purpose:** The problem of wrong-site, wrong-IOL, and wrong-patient surgery is coming under increasing scrutiny by state medical boards and increasing criticism by the public. The purpose of my project was to obtain data and work toward developing a uniform approach that can be implemented by surgeons to eliminate the risk of wrong-site, wrong-IOL, and wrong-patient surgery. Since this is a particularly difficult problem in Florida, the extent of the errors along with the potential causes needed to be evaluated. Then working with others both on a state and national level recommendations need to be formulated to avoid these important surgical complications in the future.

**Methods:** To address this complex problem required the efforts of numerous individuals from the American Academy of Ophthalmology (AAO), Ophthalmic Mutual Insurance Company (OMIC), the State Medical Boards, and the Florida Society of Ophthalmology (FSO). I was a member of the committee that was formed by the AAO under the direction of Dr. Gary Schwartz which formulated suggested guidelines for the surgeon and operating team to implement to avoid errors. In addition, data was gathered and analyzed by myself and others regarding the frequency of errors and the way in which the errors were addressed by various medical boards. The data gave significant insights as to the numerous errors that have occurred leading to these complications. I was appointed the chairman of a committee that was formed by the FSO to further analyze the causes of the surgical errors and to propose a mechanism to educate physicians.

**Results:** A recommended protocol has been advanced to the board of directors of the AAO for consideration. The protocol primarily focuses upon the steps that can be taken to avoid wrong-site, wrong-IOL and wrong patient surgery in a hospital or outpatient surgery center environment. The committee of the FSO has also met and is continuing to work closely with the State of Florida Board of Medicine (FBOM) to educate physicians. An analysis of the results from the various state medical boards will be presented to the FBOM in order to provide a basis for discussion as to steps that can be taken to avoid these errors and to review the disciplinary actions that would be most appropriate. The FSO had a presentation arranged by the FBOM and OMIC on this subject at the annual meeting.

**Conclusions:** The issue of wrong-site, wrong-IOL, and wrong patient surgery is of critical importance and the AAO, OMIC, and FSO are engaged in an intense campaign to eliminate this problem. Significant steps have been taken to identify the problems that have caused these errors and a cohesive program has been recommended to address this issue in the hospitals and out patient surgery centers. The AAO board will need to consider, modify, and adopt a final set of recommendations and also consider a comprehensive communication plan to its membership. I will be engaged with the AAO, FSO and OMIC in the preparation and planning of a number of presentations for the coming year in order to educate individuals regarding wrong-site, wrong-IOL and wrong patient surgery. Furthermore, I am working with the FSO and OMIC to develop a set of recommendations to avoid wrong-site and wrong- patient errors in office based surgical procedures.



**Steve M. Friedlander, MD, FACS  
Nevada Academy of Ophthalmology  
Leadership Development Program X  
Project Abstract**

***Title of Project:*** *Revitalization of the Nevada State Society*

**Purpose:** To increase awareness, participation, and membership in the Nevada State Society. To address the reasons for Nevada ophthalmologists non-participation in the Society's activities and meetings.

**Methods:** The name of the society was changed to the Nevada Academy of Ophthalmology-an association of Eye Physicians and Surgeons (NAO). New By-laws stating the purpose and mission of the NAO were created and approved by the membership. A website is being developed, as well as an email list to alert members of important news and legislation affecting Nevada Ophthalmologists. New members and officers were solicited to increase participation.

**Results:** One on one phone conversations regarding the activities of the NAO were effective in garnering 100% membership in Northern Nevada. We expect an increase in membership in Southern Nevada also as we roll out new member benefits and a defined mission statement. A 6-year cycle of NAO leadership was created and a new enthusiastic officer recruited to provide continuity in dealing with our State's issues. Our website should be live by the end of 2008. Plans are in the works to bring American Academy of Ophthalmology (AAO) leadership to Nevada for educational dinners to help inspire members to get involved in both OPHTHPAC and the Nevada State PAC.

**Conclusions:** Providing better definition of the purpose of the State Society through a mission statement and codified by-laws allows society leadership the means to answer the common member questions: "Why should I join and what is the society doing for me?" A name change, website, and one-on-one promotion will be effective in increasing participation and improving the vitality of the Nevada Academy of Ophthalmology. We believe that continued educational programs will result in higher contributions to the AAO from its Nevada members, including serving on committees, participation in OPHTHPAC, and modeling legislation for other states.



**Lynn K. Gordon, MD, PhD**  
**North American Neuro-Ophthalmology Society**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:*** *Identify Impact of Physician Profiling Among Neuro-Ophthalmologists*

**Purpose:** In order to improve the health of the nation it is important to control the costs associated with health care consumption. One of the mechanisms that insurance carriers are starting to use involves physician profiling. The unintended negative consequence of this profiling is in trying to define economic efficiency as a performance measure without regard for patient outcome or for subspecialty or orphan medical conditions. In some regions, economic profiling is being used to reposition individual practitioners into different tiers in which the co-payments of the patient are higher in an attempt to provide financial incentive to drive patients toward “more efficient, less costly providers”. In specialties such as neuro-ophthalmology, this type of profiling may compare our patient care to that provided by all neurologists or ophthalmologists. This comparison may create significant and negative impacts for the doctor-patient relationship and for access to care. For example, higher costing subspecialties, if not appropriately identified, may be placed into a higher tier level, may be excluded from a physician panel, or may encounter penalties for caring for challenging patients. There could be potential for primary care providers, who may be faced with bonuses for “efficient care”, to delay referrals of complex patients for “high-cost” subspecialty care, or for procedures that out of network consultants recommend.

In order to begin to address the issues of profiling for neuro-ophthalmology the purpose of this project was to: 1) determine if members of the North American Neuro-Ophthalmology Society (NANOS) have been affected by physician profiling and, 2) identify the tools that are critical in order to protect the individual’s ability to care for these complex patients.

**Methods:** Following review of the literature and relevant publications regarding this topic a survey was developed. The survey was approved by the practice plan committee of NANOS and, after revision, by the board. The instrument was converted into a Survey Monkey format and the entire membership of NANOS was invited to participate. The results of the survey were reviewed and evaluated.

**Results:** According to prior surveys of the NANOS membership, a reasonable response (n=66, prior survey responses range n = 50-150) was obtained.

1) Practice Demographics: Notably, 45% of respondents were in practice for greater than 20 years, while 19% were in practice for 9 or less years. 27.7 % of the respondents were from the Midwest, 23.1% from the Southeast, and 20% from the Northeast. Only 4.6% were from the Northwest. About half of the respondents practiced neuro-ophthalmology at least 75% of the time and more than 67% were University affiliated.

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*Project: Identify Impact of Physician Profiling Among Neuro-Ophthalmologists (cont'd)*

2) Medical training: 60.6 % were ophthalmology trained, 33.3% were neurology trained, and 7.6% received dual training.

3) Profiling: The vast majority of individuals, 92.4% had not reviewed their contracts to determine if profiling is allowed. Of those who knew about the details of profiling in their contracts, physician's rights in terms of an appeal process were identified either not at all or in only half of the contracts almost 60% of the time. About 38% of the physicians were unsure about the critical points for physicians to understand about profiling and their own practices. 13.6% of individuals were aware that they had been profiled in the past. Three individuals noted that they had been moved to a higher patient co-pay or more exclusive plan, one individual contested but was unable to reverse the decision. Two physicians were prevented from participated in a physician panel based on profiling and they did not contest the decision. For assistance with profiling issues the respondents would consult with NANOS, American Academy of Ophthalmology (AAO), American Medical Association (AMA), American Academy of Neurology (AAN), and their practice manager or university practice plan. About half of the respondents stated that they would review profiling in the future as a result of taking the survey.

**Conclusions:** Physician profiling is a potential threat to subspecialty care in particular if clinicians providing complex care to patients with challenging diagnoses and are compared to clinicians who provide routine care to patients with less complex problems. Although profiling has created negative effects for a minority of NANOS members, a majority of neuro-ophthalmologists who responded to this survey is not even aware of the potential issues or problems and has not evaluated their own contracts with vigilance. Greater education is required to instruct the insurance companies about subspecialty patient care and to instruct the practicing physicians about the need to become educated about their status as a provider.



**James M. Heltzer, MD**  
**Washington DC Metropolitan Ophthalmological Society**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Who Do You Know? Putting Connections to Work*

**Purpose:** To identify ophthalmologists in the Washington, DC metropolitan area who have personal, social, or professional relationships with members of the DC Council, U.S. Congress, or the current administration. We believe that the Washington DC Metropolitan Ophthalmology Society (WDCMOS) is uniquely positioned to be the starting point of this project. It is our goal to create an accurate and updateable database to be tapped in response to proposed local and federal legislation directly affecting of patient care.

**Methods:** A “contacts” survey was distributed to Society members at the beginning of each meeting of the WDCMOS during 2008. An open discussion about the project took place at the beginning of the January 2008 meeting. Announcements encouraging participation were made at each subsequent Society meeting.

**Results:** The WDCMOS has over one hundred active members with an average of sixty attendees at each meeting. Despite over fifteen minutes spent discussing the project at our January meeting (attended by seventy members), and subsequent announcements at our next two meetings, to date only eleven completed surveys have been submitted.

The current presidential administration was well represented in these eleven responses, including contacts with the President, Vice President, and several influential appointees. One quarter of the DC City Council were identified. Only six members of Congress were named. Many doctors privately commented that they had the connections we were seeking, but were unable to recall the names and would prefer to fill out the forms at a later date. No members responded that they were unwilling to participate because of privacy concerns.

**Conclusion:** The database of contacts is quite limited at the current time. It is unclear whether Society members are simply unwilling to participate or whether those who don't have or can't recall contacts are simply choosing to defer participation. From a data analysis perspective, it appears that DC insiders (members of the Presidential administration and DC Council) are more likely to be acquainted to with WDCMOS members, while members of Congress may be maintaining associations in their home districts, and are therefore less likely to be acquainted with WDCMOS members.



**Lance J. Kugler, MD**  
**Nebraska Academy of Eye Physicians and Surgeons**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Nebraska Academy of Eye Physicians and Surgeons Membership Improvement Campaign*

**Purpose:** There are currently 107 practicing ophthalmologists in the state of Nebraska. 67 of these (62%) are members of the Nebraska Academy of Eye Physicians and Surgeons (NAEPS). Although the current members are active and committed, we seek to improve the percentage of ophthalmologists who are members. An increased membership percentage would allow more political clout, improved financial status, and more camaraderie among members.

**Methods:** Steps were taken to identify factors preventing non-members from joining the society. Surveys were mailed to non-members seeking input. Non-members who did not return the survey were contacted personally by a NAEPS executive board member to seek additional input.

**Results:** Of the 40 surveys mailed, two were received. One indicated that he thought he was already a member. The other responder indicated he will never join NAEPS as long as the society does not take a stand against co-management. *Follow-up calls were pending at the time this abstract was written*

**Conclusions:** Pending.



**Michael J. Landolfi, DO**  
**New Jersey Academy of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:*** *New Jersey Academy of Ophthalmology (NJAO) Young Members Initiative*

**Purpose:** To increase membership with those ophthalmologists within the first five years of practice. To also increase awareness of the NJAO in this demographic.

**Methods:** 1) State society dues were changed to a tiered system for young ophthalmologist within the first five years of practice. Dues were increased incrementally per year to offset the lower initial salary levels. 2) Young ophthalmologist social events were planned throughout the year to encourage camaraderie outside the business world. 3) Community outreach programs were planned to allow young ophthalmologists to donate their time in an organized social manner.

**Results:** Prior to the start of the program, approximately 20% of non-members were ophthalmologists practicing less than five years. After instituting our new programs, membership in that demographic increased approximately 30%.

**Conclusion:** Although it remains to be seen if those new members continue to participate beyond the first five years of tiered dues, our initial increase in membership and enthusiasm for upcoming events had risen significantly. We look forward to increasing the involvement of our new young ophthalmologists in the future of the NJAO.



**Gregg T. Lueder, MD**  
**American Academy of Pediatrics – Section on Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Survey of Ophthalmology Education in Pediatric Residency Training Programs*

**Purpose:** To assess the status of ophthalmology education programs in pediatric residency programs in the United States, and to assess the desire for further educational interventions.

**Methods:** A survey regarding ophthalmic education was sent to all pediatric residency program directors in the United States. The results of the survey were tabulated and analyzed.

**Results:** A total of 187 surveys were mailed, and 127 (68%) were returned. Of those who answered specific questions, pediatric ophthalmology was part of the standard curriculum at 72% of residency programs, and not included at 28% of the programs. Program directors were satisfied or very satisfied with the pediatric ophthalmology programs at 77% of the residency programs, and were not satisfied at 23%. A formal program in ophthalmology was desired by 86% of directors.

Reasons for dissatisfaction with ophthalmic education, and the reasons that ophthalmology was not included in the pediatric curricula, were evenly divided between lack of time during the pediatric residency, and lack of ophthalmologists available for teaching.

Of those expressing a desire for specific forms of education, 82 felt didactic lectures by pediatric ophthalmologists would be useful, 69 desired rotations through pediatric ophthalmology clinics, and 68 desired a CD-ROM or web-based educational program.

**Conclusions:** Most pediatric residency-training directors want pediatric ophthalmology as part of the formal curriculum for their residents. However, approximately one-fourth of programs are currently either lacking formal ophthalmic education, or their directors are dissatisfied with their current ophthalmic curricula. Lack of time and lack of ophthalmologists were the primary reasons for this dissatisfaction. Development of a CD-ROM or web-based educational program could address both of these problems.



**Gregory J. McCormick, MD  
Vermont Ophthalmological Society  
Leadership Development Program X  
Project Abstract**

***Title of Project:*** Vermont Ophthalmological Society (VOS) Organizational Continuity Project

**Purpose:** To investigate how the VOS might hire staff to provide the society with organizational continuity; to investigate part-time staffing arrangements, association management services provided by state medical society, or other staffing arrangements; to evaluate the impact of hiring staff executive director on the VOS' dues/finances.

**Methods:** The VOS leadership was consulted to establish a job description for a part-time executive director. Regional and national societies with shared interest were contacted to identify potential affiliations that would be best suited for creation of the VOS position. At the Annual VOS meeting, members were consulted for approval to create the executive director position. The cost of having an executive director was evaluated.

**Results:** An individual from the Vermont Medical Society was identified as the best choice for the executive director position. A fee was established for the services. The executive director duties were established including: (1.) Maintaining contact list of all VOS members and of all ophthalmologists in VT. (2.) Yearly mailings for dues, membership and meetings. (3.) Organizing our meetings, 1-2/year. (4.) Keeping our website up to date. (5.) Keeping abreast of political issues at the state level that would affect ophthalmology and eye care in Vermont.

**Conclusions:** An executive director can be established on a part time basis while meeting the needs for the Vermont Ophthalmological Society. The most qualified individual to perform the duties of the executive director was found through the Vermont Medical Society. The executive director will perform administrative duties while monitoring political issues important to the VOS.



**Robert F. Melendez, MD**  
**New Mexico Academy of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Why Young Ophthalmologists (YOs) Leave Their First Job*

**Objective:** To identify reasons why young ophthalmologists leave or remain in their first full-time position after residency or fellowship. By understanding why young ophthalmologists change jobs, the American Academy of Ophthalmology (AAO) can offer resources for both young ophthalmologists and hiring practices to minimize the amount of time and money lost due to turnover.

**Design:** Self-administered survey.

**Participants:** One hundred ninety-two United States ophthalmologists who have been in practice for less than 5 years. "Job retainers" are those individuals who remained in their first full-time position and "job switchers" are those who left their first full-time position.

**Methods:** An email with a link was sent to a randomly selected sample of 1,959 U.S. AAO members who were in practice less than 5 years. One hundred and ninety-two YOs completed the survey.

**Main Outcome Measures:** Identification of reasons why YOs left and remained in their first full-time position.

**Results:** Nearly four out of five (78%) ophthalmologists in their first five years of practice remain with their first full-time position. About one in five (22%) have held more than one position. A few (4%) have held 3 or more positions. Seventy-five percent of job retainers were very or extremely satisfied with their first jobs compared to only 12% of job switchers. Among job switchers, the following were cited as reasons for leaving: 52% found a better position, 31% cited poor pay, 31% cited poor relations with other doctors, 26% felt that work was not shared equitably, 24% said that there was not enough business, 21% could not agree on a partnership agreement, 17% said that either they or their families did not like the practice location, and 17% said that work-life balance was not as expected. Partnership was offered to 93% of job retainers and 64% of job retainers were made aware of partnership conditions upon hire. By contrast, the numbers for job switchers was 72% and 25%, respectively. Job retainers report being on weekday call one day out of every 6 and on weekend call one weekend out of every 6.2. Job switchers reported being on call more often --one day in 5 during the week and one weekend out of every 4.6. Two-thirds of job retainers feel that the workload was shared equally, while more than half of job switchers believe it was not shared equitably. Job switchers were more likely to say they saw fewer patients (especially surgical patients and new patients) or that they were expected to find their own patients. Seventy-one percent of job retainers were extremely or very satisfied with the mix of patient cases in their first job versus only 57% of job switchers. Significantly, 69% of job retainers sought advice from other physicians when looking for their first full-time position versus only 41% of job switchers.

**Robert F. Melendez, MD**

*Project: Why Young Ophthalmologists (YOs) Leave Their First Job (cont'd)*

Notably, when job switchers moved on to their next position, they were seeing more patients, had higher incomes, and were more informed regarding partnership conditions. The survey also allowed respondents to offer advice to other candidates. The most common advice given was: Make an effort to really to know your future colleagues and trust your instincts. Make sure that you and your family really want live in the area the practice is located in. Have an attorney review your hiring contract and / or partnership agreement. Seek the advice of other ophthalmologists who have already made the transition from training to practice.

**Conclusion:** This survey highlights differences between why retainers and switchers remain and leave their first full-time positions, respectively. The results of this survey can also serve as a starting point for hiring practices and job seekers in their negotiations. By identifying reasons why YOs leave their first full-time positions, resources can be developed to curtail the numbers of YOs leaving their first full-time position and potentially save a significant amount of time and money lost for both job seekers and hiring practices.

Eye Associates of New Mexico and The University of New Mexico Health Sciences Center Department of Surgery/Division of Ophthalmology

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**Jennifer H. Merritt, MD**  
**South Carolina Society of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:** South Carolina Society of Ophthalmology (SCSO) Young Ophthalmologist Program*

**Purpose:** To develop a mentoring program for the young ophthalmologists and residents in South Carolina. Membership is low in our society for ophthalmologists in their first years of practice. Our goals were (1) to educate the new generation of ophthalmologists on the importance of advocacy for our profession; (2) to discuss important issues we face in our first few years of practice; and (3) to ignite an interest in joining our state society.

**Methods:** We organized a mentoring program in May 2008 at the State House in our capitol, Columbia. The program began with a tour of the State House and the participants were introduced at the Senate and House of Representatives. We introduced the participants to the importance of getting politically active to fight for our profession. We also had presentations from our society's current and prior president and society lobbyist on the current threats to our profession and on the importance of joining the society and contacting our legislators. The program concluded with a luncheon and round table discussion on topics important to all young ophthalmologists, including employment and partnership contracts, job interviews, coding, and tips on building your practice.

**Results:** In attendance were 4 SCSO members, 2 University of South Carolina staff members, and 18 young ophthalmologists. The young ophthalmologists were active participants in the program and asked many questions during our round table discussion. At the conclusion of our program, they demonstrated true understanding of the importance of fighting for our profession. They were excited about beginning their career in ophthalmology and were compelled to join their local society. We hope to see a steady increase in the percentage of young ophthalmologists in our society with continuation of this mentoring program.

**Conclusion:** Stimulating ophthalmologists to become politically active early in their career will ensure the success of our profession in the future. The young ophthalmologist mentoring program developed by the South Carolina Society of Ophthalmology will help educate and motivate our newest generation of ophthalmologists to fight for our profession and scope of practice, and to become future leaders of ophthalmology. The program was very well received by all participants, and they all expressed interest in joining their state society.



**Shahzad I. Mian, MD**  
**Cornea Society**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:*** AUPO Fellowship Compliance in Cornea

**Purpose:** To determine status of Association of University Professors of Ophthalmology (AUPO) fellowship compliance (FCC) in cornea and refractive surgery.

**Methods:** Survey of fellowship program directors and fellows in cornea and refractive surgery fellowships to determine compliance with the AUPO FCC guidelines.

**Results:** Of the 70 cornea and refractive surgery fellowships registered with SF Match, 37 are compliant with the AUPO FCC guidelines

**Conclusions:** AUPO FCC guidelines may limit the number of certified cornea and refractive surgery fellowships.



**David A. Plager, MD**  
**American Association for Pediatric Ophthalmology & Strabismus**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *No Kidding – Pediatric Ophthalmologists Involved in Advocacy Process*

**Purpose:** To raise awareness among pediatric ophthalmologists American Association for Pediatric Ophthalmology & Strabismus (AAPOS) about the importance of advocacy on behalf of their patients and profession, to train them on basics of the process and how to get involved and to put these new found skills to immediate use.

**Methods:** A multi-pronged program was designed and implemented during the week of the 2008 AAPOS annual meeting in Washington, DC.

- 1) A platform presentation was given to the entire membership. Speakers included Christie Morse, MD, Mary Louise Z. Collins, MD, David Hunter, MD and Rep. John Sullivan. (R- Oklahoma)
- 2) A training session headed by Kristen Hedstrom was given to AAPOS members who had volunteered to meet with their representatives and/or senators on the Hill.
- 3) Meetings were scheduled with the Congressional offices by the Academy's DC office.
- 4) A luncheon was held for AAPOS new members in training to introduce them to the issues of the day and the importance of getting involved in this process early in their careers.

**Results:** Following the advocacy day platform presentation and training session, 70 AAPOS members swarmed Capitol Hill for 188 meetings with their appointed Congressmen and congressional offices. Thirty five states were represented. Much positive feedback was received from AAPOS members about the value of their interaction with their congressmen and woman.

On the following day many members in training attended the informational luncheon and were educated about the importance of their lifelong participation in the advocacy process by Drs. Morse and Collins and Ms. Hedstrom. Daniel Salchow, MD told the group of his experience as a new member attending the MYF last year.

**Conclusion:** Many AAPOS members who were previously on the legislative sidelines were successfully introduced to some important aspects of the advocacy process. In addition, the newest generation of pediatric ophthalmologists were introduced into what we hope will be an ongoing interest in participating in the world of advocacy. We will plan to sustain this type of educational awareness among the new members at future meetings, even when the meeting is not held in Washington, DC.



**Christopher N. Ta, MD**  
**Association of University Professors of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

*Title of Project: Residency Program Directors' Guide*

**Purpose:** To identify resources available to help residency program directors in meeting Accreditation Council for Graduate Medical Education (ACGME) regulations and to improve residency programs. Develop a training program for ophthalmic residency program directors that results in increased efficiency in administrative responsibility. Hopefully, this will result in less time spent on administrative duties and more on teaching. The training program will address ACGME requirements, and a variety of administrative issues.

**Methods:** Review current available resources for program directors. Conduct informal surveys on what can be done to improve the efficiency of program directors.

**Results:** Numerous resources are available for program directors. These include "The O.N.E. Network" website provided by the American Academy of Ophthalmology (AAO), the ACGME website, and email distribution / discussion group for program directors. Informal survey of program directors and graduate medical education officers indicate that program directors do not spend the time to navigate the websites. It is difficult for program directors to locate information quickly on the websites. There seems to be a lot of confusion on the ACGME requirements. Overall, program directors have many responsibility including patient care, research, and teaching. Administrative work is just one of the many program director's responsibility.

**Conclusions:** Resources are available for program directors but the information is difficult to access. There is much confusion regarding the ACGME requirements. In order to improve the efficiency of program directors and to minimize the amount of paperwork, simpler tools are necessary.



**Andrew W. Tharp, MD**  
**Indiana Academy of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

***Title of Project:*** *Understanding State PACs*

**Purpose:** To gain a better understanding of the challenges and successes faced by state PAC chairs and state societies in financing state PACs. The intended outcome is a handbook and networking tool to empower future state PAC chairs.

**Methods:** A mass email sent to all state society executives chairs in May, 2008 requesting a telephone interview. Respondents were interviewed and asked if they were happy with their state's PAC contributions, if they targeted a specific goal amount and if they had a pre-determined plan to obtain that amount. In addition each respondent was asked open ended questions regarding successes and challenges they have faced in raising PAC dollars.

**Results:** Of 47 e-mails sent, 16 responses were obtained. To date, 13 state execs representing 17 states have been interviewed with the intent to interview as many as possible before the 2008 Joint Meeting of the American Academy of Ophthalmology (AAO) and the European Society of Ophthalmology (SOE). Of those interviewed, only one responded as happy with the amount in their state PAC. Four execs targeted a specific goal amount when trying to raise dollars and six claimed a specific plan to raise PAC dollars.

**Conclusions:** Nearly all state societies interviewed felt their PACs were under-funded. Challenges faced include state imposed restrictions, competition with other PACs, the relatively small pool of potential givers and their willingness to give. Factors that increased giving include the perception of an imminent legislative threat, and strong, influential leadership. The method of asking for PAC support is probably less important than the frequency of asking. Further insight beyond this project could be gained through academy led focus groups at upcoming AAO meetings.



**Craig L. Wilkerson, MD**  
**Montana Academy of Ophthalmology**  
**Leadership Development Program X**  
**Project Abstract**

**Title of Project:** *Advance the Capabilities of Website for Montana Academy of Ophthalmology (MAO)*

**Purpose:** To update the MAO website to provide increased utilization by patients and ophthalmologists.

**Methods:** The current website was redesigned using third party web design software. The new site will replace the current design using the same domain at the conclusion of the project. The launch of the redesigned website will be introduced to the public through MAO members and local media. The site will increase patient utilization by providing education, links to member sites and links to relevant third party sites. The website will increase member utilization by 1) creating member access to clinical education and discussion. 2) It will allow group purchasing and the ability to perform transactions through the website. 3) The website will link to American Academy of Ophthalmology (AAO) and relevant professional organizations. Third party funding would be sought to create a budget neutral project.

**Results:** Initial design has been completed. Educational grants were sought for the project. Member review of the website is scheduled for Fall 2008 with a go live of January 2009.

**Conclusion:** A strong and fully functional website is a great advantage in a geographically large state with a small ophthalmologist population. The challenge of this project was to develop the site without requiring significant resources from the members. With third party funding such a website can become a reality. The true effectiveness of the website will not be known until its full implementation in January 2009. However, interactive and user-friendly websites have proven successful among both patients and providers.