



**Feyi Grace Adepoju, MBBS**  
**African Ophthalmology Council**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Membership Drive for African Ophthalmology Council*

**Purpose:** The African Ophthalmology Council is the newest of the supranational Ophthalmological groups and at early developmental stage. At present there are formal societal members. A couple of Individuals leaders and some presidents of societies participate in AOC programs, particularly the leadership programs. This project aims to formalize existing members of African ophthalmological societies and attract new members into African Ophthalmology Council. The program also aims at piloting Phaco- emulsification surgery training as a membership benefit.

**Methods:** A 4-member team consisting of one Ophthalmologist from Ghana, Nigeria, a Portuguese-speaking country and Gambia was constituted. A comprehensive list of all African countries with Ophthalmologists (54), current email/telephone contacts of leaders per country was populated. This was done via online Google Search, membership list of other supranational and International Council of Ophthalmology (ICO), various social media handles (Facebook, Twitter, LinkedIn) and a snow ball approach from the 4 member team. A written computerized survey form (Google form was designed, link: <https://forms.gle/H3wtSassCWF33Y£wt9>) was sent to all contact persons. The survey gathered information such as the presence of Ophthalmological society, membership strength, present status with the AOC, willingness to join the AOC, suggested membership fee and expected benefit from AOC. The survey questionnaire was sent to all email addresses at least three times in instances where there was no response. Telephonic conversations were held with all with available telephone numbers (36 countries, this was complimented with WhatsApp conversations. A membership form was thereafter designed and sent to all who indicated willingness to join or formalize membership. A pilot test of Phaco training as a value add to members of the AOC was organized, two training sessions were done with 6 Ophthalmologists in the two sessions

**Results:** A comprehensive and current list of all African Countries with Ophthalmological Societies (51) was formulated. There are 30 Anglophone, 15 Francophone and 6 Lusophone countries, complete data was retrieved for 15, 6 and 1 respectively. A total of 20 Ophthalmological Societies who responded to the Questionnaire, 14 replied directly online on the Google form and are here analyzed. Seventy percent of the respondents were the President (57.1%) or Secretary (14.3%) of the Societies, and all respondents felt they were in the position to answer on behalf of their societies. 87.5% of those who are not yet involved with the AOC signified their willingness to join the AOC, and the remaining need to speak to their councils. The majority, 75%, want both national Societal and Individual membership options, no one opted for individual membership. The majority picked \$100 for individual membership fee and \$10 per member under societal membership. The expectations of members from the AOC is as tabulated in Table 1 (Question 13.)

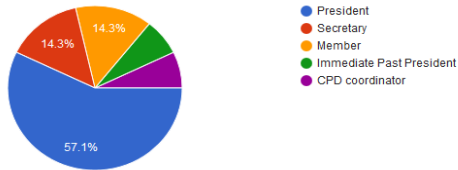
At the end 14 countries signed the membership form, namely: Benin Republic, Burkina Faso, Egypt, Gabon, Ghana, Mali, Mauritania, Somali, Tanzania, Zambia, Zimbabwe, Togo, South Africa and Nigeria. A copy of the membership form designed is found below. Two sessions of Phaco training were held for 6 ophthalmologists, using South-South training and a donated LIGHTMED Phaco machine as a pilot. The training is now concluded and the experiences learnt will be used to complete the training and possibly scale up.

Acknowledge my mentor, Sidney Gicheru and Dr Kunle Hassan. A big thank you to the team, Dr Michael Gyasi (Ghana), Bature (Nigeria), Abba (Gambia), Amelia Bugue (Mozambique)

**Feyi Grace Adepoju, MD**  
*Membership Drive for African Ophthalmology Council*

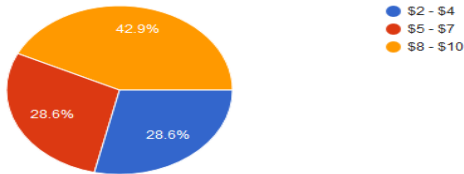
3. In what capacity are you responding?

14 responses



11. For societal membership, how much would you suggest each society pays per member annually as a membership fee?

4 responses



13. What are your expectations from AOC? (Please tell us)

14 responses

- Cannot decide now
- Training Scholarship , coopération south south, possibility of sanitary evacuation
- To enhance our capacity building and comprehensive eye care in the region
- To be assisted to improve ophthalmology services in our country through continued medical education and conferences
- Strengthening national societies
- Experience and expertise exchange
- An organisation that unites African Societies and projects is to the world; organises educational and training programs that improve the quality of human resource and care in the continent
- AOC Can help and improve my professional devolpment and give us visibility in international optalmological society (WOC- AAO)
- FORMATION EN CHIRURGIE
- Unify ophthalmologists from Africa

**Feyi Grace Adepoju, MD**  
*Membership Drive for African Ophthalmology Council*



**AFRICAN OPHTHALMOLOGY COUNCIL  
MEMBERSHIP FORM**

*Please scan the completed copy of this form and send as attachment to [feyadiade@aacouncil.org](mailto:feyadiade@aacouncil.org) or [feviviade@yahoo.com](mailto:feviviade@yahoo.com) for further processing of your membership.*

**PRESIDING PRESIDENT:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**SOCIETY NAME:** \_\_\_\_\_

**ADDRESS 1:** \_\_\_\_\_

**ADDRESS 2:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **CONTACT NO:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DECLARATION**

I accept on behalf of \_\_\_\_\_, this day.....2019, the membership of African Ophthalmological Council (AOC).

\_\_\_\_\_  
**President (Name/Signature)**

\_\_\_\_\_  
**Date**

.....  
Kgaogelo Edward Legodi  
*AOC President*



**Jeremiah Brown, Jr., MS, MD**  
**Ophthalmic Mutual Insurance Company**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Current United States Treatment Patterns for the Treatment of Proliferative Diabetic Retinopathy in the IRIS Registry*

**Purpose:** To investigate the use of anti-VEGF (anti-vascular endothelial growth factor) medications in patients with proliferative diabetic retinopathy (PDR) for 1 year using the American Academy of Ophthalmology (AAO) Intelligent Research in Sight (IRIS) Registry.

**Design:** Retrospective, nonrandomized, comparative study

**Participants:** Patients with a diagnosis of proliferative diabetic retinopathy who received a new diagnosis of vitreous hemorrhage from June 2017 through June 2018. Patients were included if they received treatment within 3 months of the study period.

**Methods:** The rate of use of anti-VEGF medications, panretinal photocoagulation (PRP), and vitrectomy surgery were calculated. The group was stratified based on the presence or absence of diabetic macular edema. Visual acuity results at 6 months were compared.

**Main Outcome Measures:** The rate of anti-VEGF therapy use in patients with PDR and new onset vitreous hemorrhage. The visual acuity at 6 months was compared between patients receiving anti-VEGF medications compared to those not receiving this treatment.

**Results:** Thirty-three thousand four hundred and fifty-two patients were identified. Eighty-three percent (n=22,484) of patients who had PDR plus diabetic macular edema (DME) had treatment with anti-VEGF medication and 68.7% (n=4,511) of patients without DME had treatment with anti-VEGF medication. PRP alone was performed in 31% (n=8320) of patients without DME and in 35% (n=2317) of patients with DME. Twenty-two percent of patients (n=7246) had vitrectomy surgery. Anti-VEGF medication was used in 49.1% (n=3571) of the patients receiving vitrectomy. Visual acuity results were similar in patients regardless of anti-VEGF use. Sixty-three percent (n=3,092) of patients receiving PRP plus anti-VEGF medication achieved visual acuity of 0.4 log MAR (20/50) or better, while 65% (n=6,344) of patients receiving PRP alone achieved this level of visual acuity. Fifty-one % (n=2,430) of patients treated with vitrectomy alone achieved visual acuity of 0.4 log MAR or better compared to 49% (n=1,145) of patients treated with vitrectomy plus anti-VEGF medication.

**Conclusions:** The treatment patterns for patients with proliferative diabetic retinopathy have changed significantly with a prominent role for anti-VEGF therapy. Visual acuity results were similar regardless of anti-VEGF use.



**Ninita H. Brown, MD, PhD**  
**National Medical Association, Ophthalmology Section**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Increasing underrepresented minorities in ophthalmology*

**Purpose:** The number of practicing underrepresented minority (URM) ophthalmologists has not increased in over 15 years in the United States. The Minority Ophthalmology Mentoring (MOM) program is a joint effort of the American Academy of Ophthalmology, the American University Professors of Ophthalmology and many other organizations, including the National Medical Association (NMA), to encourage URM medical students to become ophthalmologists. In order to help refine the approach and thereby enhance the success of the MOM program, we sought to determine factors perceived by URM residents (i.e., those who successfully matched to ophthalmology) as being important to their success.

**Methods:** With the endorsement of the NMA Ophthalmology Section Executive Board, a phone survey was developed and used to assess the experiences of active URM residents and fellows in a pilot study. Participants were identified and contacted through the Rabb-Venable Research program, Mid-Year Forum Mentoring Program, peer referrals, and social media including Facebook Messenger and Instagram. Using social media to contact participants was extremely helpful in identifying additional URM physicians.

**Results:** The pilot study survey was conducted in July 2018. There were 34 respondents among 38 identified and contacted (response rate of 90%).

**Demographics:** All participants self-identified on the San Francisco Match Application as Black/African-American or Latino, with more recent applicants specifically checking "URM" on their application. The average age of the participants was 30 years old (SD 2.5 years, Range 25-35 years old). The majority of participants were female (67.6%) and Black (91.2%). The postgraduate year (PGY) was on average 3.5 years (SD 1.7, Range PGY1-PGY7). The majority of the participants were residents (70.6%). Over a fourth of the participants (26.5%) had training at Howard University, a historically Black university.

**Success Factors:** In terms of their residency applications, 91 percent of participant matched with their first application to residency. The majority conducted research while in medical school (94%), mostly at their medical school (76.4%), and specifically in ophthalmology (79.4%). The average number of ophthalmology rotations was 2.78 (SD 0.85 Range 1-5) with the majority doing away rotations (67.6%). Half of the participants (50%) received letters of recommendation from only their medical schools. The average USMLE step 1 and step 2 scores were 236.6 and 239.6, respectively (SD 13.5 Range 199-258, SD 10.48 Range 215-254). Most participants (55.9%) had gaps years from college to medical school of an average of 1.55 years (SD 0.95 Range 1-4). Almost half the participants (47.1%) had performed international work as medical students in India, Africa, South America, and the Caribbean. Various projects focused on health disparities in glaucoma and pediatric ophthalmology in countries where the disease burden is expanding.

**Ninita H. Brown, MD PhD**

*Increasing underrepresented minorities in ophthalmology*

*Mentoring:* The majority had an ophthalmology mentor during medical school (88.2%), even though only half (55.9%) had a minority faculty member in the ophthalmology department. The majority of participants (85.3%) felt applicants should seek advice for residency applications from either inside and outside of their medical school.

*Additional Specific Factors:* Five participants had to seek advice only from outside their medical school due to lack of an ophthalmology department at their medical school. A composite list of mentors and away rotations was sent to the Rabb-Venable Mentors and MOM task force. The majority of participants (67.6%) were also informally involved in recruiting resident applicants to their perspective residencies by giving tours, speaking at interest groups or mentoring medical students on rotations. The majority participated as medical students in the Student National Medical Association (SNMA), the Rabb-Venable program, community free clinics or medical student ophthalmology interest groups. The majority of participants (76.5%) were active in the SNMA. The majority of participants (61.8%) also worked in underserved communities at medical school sponsored free clinics. As residents and fellows, the majority of participants also continue to participate in the Rabb-Venable program. This program was the first introduction for most medical student to the NMA.

**Conclusions:** While this is a pilot survey, several important findings can help us enhance our approaches to recruiting URM students to ophthalmology. First, successful URM residents and fellows had USMLE scores, research experiences in ophthalmology and additional experiences that were academically competitive. Second, this next generation of URM ophthalmologists not only interacted with mentors, but also was actively involved in research and community work both locally and abroad. Third, at least in this pilot study, large proportions of URM residents are or were trained at Howard University Hospital. The residency program continues to train many URM as a Historically Black Institution. As such, having additional residency programs in the future (such as Morehouse School of Medicine) based on this approach may have an even greater impact on increasing the number of URM ophthalmologists. Fourth, we believe that more ophthalmology training programs should emphasize a more holistic review of applicants and recognize disparities (and move to address them) in the mentoring of URM medical students. Finally, we have to be more creative in how we recruit minority students, especially from social media, ophthalmology interest groups, and the SNMA. It is important to deliberately and diligently recruit minority talent in our profession to increase diversity in the workforce as an integral element of working towards the goal of eliminating health disparities.



**Eniolami O. Dosunmu, MD**  
**American Academy of Pediatrics, Section on Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *ROP SAFE: A multiorganization\* approach to the treatment of ROP in Sub-Saharan Africa*

- **Screening:** *Conduct screenings using established guidelines (AAO, AAP-SOOp, AAPOS)*

- **Avastin:** *Injection, dose, constitution, cost*

- **Follow-up:** *Establishing intervals*

- **Education:** *Educate key audiences, including parents, medical personnel, public, low vision/blind schools*

*\*Disease processes to unify organizations*

**Purpose:** To help with the standardization of ROP care at an academic institution, in a targeted sub-Saharan African city, using inputs from multiple ophthalmic organizations. Secondary purpose: if successful, this will be replicated across the country.

**Methods:** Multiple telephone, email and in person interviews were had with ophthalmologists here in the United States and Nigeria. Using the targeted topics (identified above in the title), definable end goals were discussed, the achievability of each goal was addressed, implementation of some of the goals was established, and access to resources was addressed

**Results:** At the time of submission of the abstract, I have involved two academic institutions in the process (with a third in discussion), with the goal of fully implementing the project at those locations, learning from those sites, and with the ultimate goal of using this model across the country. It is important to note that these sites were working on ROP screening and treatment, and this project was implemented to help further their work. The local Ophthalmologists had agreed to screening guidelines (any child born prior to 34 weeks, and less than 1500 g in one center, with another using 2000 g), and were using these criteria as established guidelines.

However, there was a concern that given the low yield of treatable ROP – reported to be 2% at the time of phone interview in early August 2019 – continued screening may not be feasible across the country, and screening guideline needs to be refined. I am currently working with the lead ophthalmologist, who is writing the updated guidelines. We discussed that photo-documentation, in lieu of in person examination, of ROP would likely be more effective as a long-term screening tool – access to such imaging technique is limited by funding at this time. The Avastin dose is currently standardized at 0.625 mg, as this is easiest to obtain, and constitute. The concern for constitution and storage of lower doses of the medication, limited addressing using a lower dose of the medication at this time. One center was performing all the injections at the bedside, with the other institution transitioning from performing injections in the operating room to the bedside.

Since the start of the project and following recommendations that were made during the project, the first institution was able to hire an ROP coordinator and implement a color-coded charting system to identify babies at risk and ensure follow-up of the babies. The second site, reported that the ROP coordinator (who also serves as the Retinoblastoma coordinator), is paid from their personal salaries, as they wanted to ensure that follow-up was obtained. Education was the area of greatest need. The initial site reported that they would benefit from further ROP training, and I am currently trying to liaise with the ROP Africa project about teaching opportunities. In addition, we discussed continued mentorship from the second institution.



**Eniolami O. Dosunmu, MD**

*ROP SAFE: A multiorganization\* approach to the treatment of ROP in Sub-Saharan Africa*

Public education was the greatest limiting factor to efficient follow-up, and for agreement to screening and treatment by the parents. It was concluded that the cost of individually printed patient education material was prohibitive for the long run at this time, however, patient education materials printed as posters mounted in waiting rooms, hospital wards and other key areas would be more effective. For a multiethnic country, I recommended using Pidgin English, and English as the languages for the education materials. One current document on ROP education has been translated into Pidgin English. It is important to note that social media and celebrity are a very effective means of communication in the country. At the time of submission of the abstract, I am in discussions with a renowned Nigerian film maker, who has an interest in public health and preventable diseases. I sought out and enlisted his help in the project, to help create short videos about the importance of ROP screening and treatment. The goal will be for the videos to be approved by the Ophthalmological Society of Nigeria, and if approved, then by the African Ophthalmology Council, and possibly the AAO SOOp of AAP, and AAPOS for use. If this is successful, this model can be used for other preventable pediatric eye diseases.

The Ophthalmological Society of Nigeria is set to meet in early September 2019 where the screening guideline will be discussed and vetted again, and where the educational material and videos will be discussed. Please see below for a sample copy of an educational material created by the first institution. This has been in use for the past several months.

**Conclusion:** There are definable and achievable goals, for ROP care, in Nigeria to be standardized across the country. Some goals are already in effect – screening guidelines, a set avastin dose, and ROP coordination. A proposed follow-up schedule for post-Avastin injection care, and whether post- Avastin laser is indicated are areas for potential intervention. Most importantly, education continues to be a concern, and continuing efforts will be targeted at medical professionals, parents and the public.







**Asim V. Farooq, MD**  
**Illinois Society of Eye Physicians & Surgeons**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Legislative Advocacy Engagement Among Young Ophthalmologists in Illinois*

**Purpose:** The purpose of this project was to gain a better understanding of the factors influencing young ophthalmologists' (YOs) engagement with legislative advocacy in the state of Illinois. Specifically, it sought to determine whether YOs were aware of their membership status with the Illinois Society of Eye Physicians & Surgeons (ISEPS), whether they had previously donated to ISEPS and/or other state legislative advocacy organizations, whether they plan to donate in the future, and the reasons for their feelings regarding donation. It also sought to identify issues that YOs would like to see addressed by ISEPS and/or other state legislative advocacy organizations, and whether they felt that a greater social media presence (e.g. Instagram, Facebook, Twitter) would be helpful in informing YOs of advocacy efforts being done on their behalf.

**Methods:** A list of YOs in the state of Illinois was obtained with the assistance of the American Academy of Ophthalmology. This was cross-referenced with a list of ophthalmologists in Illinois from ISEPS, and the email addresses of YOs who were either practicing or in-training in the state were compiled. A written, computerized survey (Google surveys) was sent with questions addressing the topics listed above. This survey also allowed respondents to submit comments, feedback, or advice to help ISEPS achieve its mission "to serve the total visual health care needs of the people through public and professional education, membership services, and legislative advocacy." In addition, a new Instagram account was created for ISEPS (ileyemd), with the goal of posting at least once every week.

**Results:** There were 26 YO respondents, including ophthalmologists within their first 5 years of practice as well as ophthalmologists in-training. Among them, 46.2% said they were currently a member of ISEPS, 30.8% said they were not a member, and 23.1% were unsure regarding their membership status. Only 30.8% said that they had previously donated to ISEPS, the Illinois Medical Eye PAC and/or the Illinois Safe Surgery Fund in the past. Regarding future donation plans, 46.2% said they planned to donate in the future, 42.3% said that they might donate, and 11.5% said they would not. As to the reasons for their feelings regarding donation, the largest percentage (26.9%) said they have not donated "because it's somewhat unclear what these organizations do." A majority of respondents (61.5%) felt that they would like to see these organizations advocate for multiple issues, including medication access for patients and surgical scope; the same percentage also felt that it would be a good idea for ISEPS to have a greater social media presence, while 34.6% were unsure. Only two respondents provided additional written feedback; both of them felt that more information regarding advocacy work being done at the state level would be helpful. The ISEPS Instagram account (ileyemd) had 20 posts and 33 followers as of August 2019.

**Conclusion:** The current level of engagement with legislative advocacy among YOs in Illinois is low. Many of them are unaware of their ISEPS membership status, and a significant portion are unsure what ISEPS and other state legislative advocacy organizations do on their behalf. More information regarding the work being done by these organizations may increase engagement among YOs in the state, and a greater social media presence may be one way to help achieve this. After developing a more significant following on social media (focusing primarily on YOs), a follow-up survey will be conducted.



**Carla D. Ford, MD**  
**Ohio Ophthalmological Society**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *The Ohio Ophthalmological Society Survey*

**Purpose:** Recruiting and retaining strong membership in professional organizations is an ongoing concern. The Ohio Ophthalmological Society has enjoyed a strong organization for many years, but a decline in membership in recent years was brought to the attention of the OOS board at its Fall board meeting. The purpose of this survey was to obtain information on demographics of Ohio Ophthalmologists, identify a few practice issues that affect the membership, and to recognize professional priorities that Ohio Ophthalmologists feel are most important to protect.

**Methods:** An anonymous survey was sent to every Ohio Ophthalmologist (in training, active, and retired) for which OOS had email addresses. Email addresses were also cross-referenced with a list maintained by AAO, with permission from AAO. AAO does not release email address per their privacy policy. A total of 852 surveys were sent out on April 22, with the survey open for 6 weeks ending May 31. A total of 87 responses were received.

**Results:**

**1). Demographics**

- 58% respondents are in group practice
- Of those in group practice, 65% are in same subspecialty practice, 35% in multiple ophthalmic subspecialties
- Sixty-two percent of respondents identified as practicing primarily Comprehensive
- 29% identify as being in the middle of their career, while 39% responded they were within 5 years of retirement
- 79% of respondents were male
- Sixty-eight percent of respondents are OOS members, 16% had been a member previously, 14% have never been members, and 2% didn't know if they were a member
- Responses by respondents of reasons for not being a member on attached sheet

**2.) Practice Issues**

- Ninety-six percent of respondents participate in Fee For Service reimbursement (assignment by insurer)
- 88% of respondents consider Fee For Service reimbursement as the most ideal going forward, while the second highest response was concierge (6%).
- Forty-four percent of respondents perform surgery in an ASC in which they have ownership, with the second highest response is in a hospital (31%).
- The most commonly selected responses to the "Three Greatest Impediments to Your Ability to Practice" (in order) were: **The Electronic Health Record, Government Relations, Confusion Over Billing and Coding**

**Carla D Ford MD**

*The Ohio Ophthalmological Society Survey*

### **3.) Professional Priorities**

- In ranking the “Three Issues of Greatest Importance to You”, the most commonly selected responses were (in order): **Declining Reimbursement, Electronic Health Record Mandates, and Optometric Scope of Practice**
- The respondents feel that **Legislative Representation** was overwhelmingly seen as the most important function of OOS (75%). The other 2 most important functions (in order) were **Resistance to Insurance Policies That Risk Patient Safety, and Dissemination of Relevant News**
- 46% of respondents **strongly agree** that optometric scope of practice expansion is detrimental to patient care, while 25% agree with the statement
- 79% **strongly disagree** with the statement that Optometrists should be able to do minor eyelid procedures and/or eyelid injections.
- Sixty-three percent of respondents **strongly disagree** with the statement that Optometrists should be allowed to perform minor procedures that may be necessary postoperatively.
- 59% of respondents **strongly disagree** with the statement that nurse practitioners and physician assistants can safely administer intravitreal injections under the supervision of an Ophthalmologist
- Sixty-nine percent of respondents use CRNAs to administer anesthesia for >76% of their surgical patients
- Respondents most commonly selected that it was **very unlikely** that it would impact them if CRNAs were allowed to order medications without physician supervision
- 57% of respondents reported they have needed an Anesthesiologist to intervene and protect a patient from harm or death

**Conclusions:** The number of male respondents (79%), and the number of respondents who identified as middle of career or within 5 years of retirement (68%) was surprising, which might suggest a need for aiming for greater programming and benefits that engage a wider number of Ophthalmologists. Not surprising responses in regards to practice issues were EHR, government relations and confusion over billing, and these 3 topics have been met with lots of frustration given the great expense of time and money implementing technology into a practice to copy with government mandates, as well as rising costs and frustrations dealing with insurance companies, and the emergence and influence of pharmacy benefit managers (PBMs). Also not surprising were the responses in regards to professional priorities (in order). Declining reimbursement, EHR mandates, and optometric scope of practice were identified as most important issues. Legislative representation was felt to be the most important function of OOS, which makes it of paramount importance to continue to build upon the relationships with state legislature to ensure Ohio ophthalmologists interests are represented in order for Ohio ophthalmologists to continue to feel as if the organization is meeting its goals. With this information, OOS will be able to use the information obtained from this survey to implement programming and potentially add additional benefits that would attract and retain members.



**Elizabeth H. Gauger, MD**  
**Iowa Academy of Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Waging the Scope Battle in Iowa: a guide for ophthalmology residents*

**Purpose:**

Scope of practice battles between ophthalmology and optometry are currently occurring across the United States. Iowa has been addressing this scope battle for many years. To date, we have been successful in stopping the passage of harmful legislation that would compromise the safety of patients. As a part of this ongoing effort, the University of Iowa Department of Ophthalmology has been generous in sending ophthalmology residents to the Iowa State Capitol to defend our position.

Residents get wonderful training in the diagnosis and treatment of eye disease, there is no formal curriculum on issues that affect the future of our profession. This project serves to provide a scope of practice overview, as well as materials to train residents in advocacy efforts, with the ultimate goal of preparing future ophthalmologists to stay involved in their state ophthalmic societies.

**Methods:**

A document was created that provides an overview to the current scope of practice battle. It prepares the residents for what to expect on their visit to the Iowa Statehouse. It is meant to serve as a general instructional document and guideline. In addition, it educates residents on how to become further involved in advocacy (through programs such as the Academy's annual Mid-year Forum) as well as how to become involved in their state society upon graduation from residency.

**Results:**

The document has been prepared and will be distributed to residents this fall. A time and date for a presentation on the included information is currently being determined.

**Conclusion:**

Ophthalmic scope of practice battles are being fought all over the country. This educational effort aims to educate future ophthalmologists on these important matters that affect the future and integrity of our profession.



**Scott M. Goldstein, MD**  
**Pennsylvania Academy of Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *State Society Membership Rates, Surgical Scope Battles & Other Factors Effecting Member Participation*

**Purpose:** The American Academy of Ophthalmology has over a 90% membership rate amongst ophthalmologists in the United States with a high level of perceived value by its members, yet most state ophthalmology societies do not share this same level of participation. Pennsylvania has had an average 49% membership rate over the 10 year period from 2008-2017. In addition, Pennsylvania recently saw optometric surgical scope legislation pass the state senate in 2018 which led to a campaign to bolster membership for 2019. This multifaceted Study attempts to dissect the membership discrepancy between national and state organizations as well as help understand why ophthalmologist are engaged, or not, in their state organizations, with a focus on optometric surgical scope battles influence on a state's membership rates and Pennsylvania ophthalmologist's perception of the Pennsylvania Academy Ophthalmology.

**Methods:** Two separate analyses were performed to complete this study. First, a retrospective analysis of membership data for all 50 states, Puerto Rico and the District of Columbia collected by the AAO from 2009-2018 (2008-2017 data) and was analyzed for significant year to year changes in membership, defined as a 10% or more change year to year. This was cross referenced with Surgical scope battles to see if there was a correlation between such battles and membership rates during this period. Second, an analysis of 2019 Pennsylvania state membership rates were examined since our 2018 scope battle and email solicited survey was sent to all Pennsylvania ophthalmologists in mid-2019 via Survey Monkey attempting to understand their perception of the PAO and what they value in a society.

**Results:** A ten year analysis of state membership data shows a steady decline in overall state ophthalmology society membership rates from 58% in 2008 to 42% in 2017. The period from 2008 to 2009 had the largest overall one year change in membership with a 10% decrease, or more, in 27 of 52 states & territories. During this period, 24 states won legislative battles between 2012-2018. There was no consistent sustained increase or decrease in membership rates in these states related to the legislative victory. Further, 4 states passed surgical scope legislation. Kentucky passed optometric laser & scalpel legislation in 2011 with no subsequent change in their membership rates thereafter. Iowa passed optometric Scalpel surgery legislation in 2012 with a transient 3 year increase in membership from 64% to 77% that dropped back to 64% by 2016. Louisiana approved laser and scalpel privileges in 2014 with jump in membership rates from 18 to 40% in 2015 but by 2016 had dropped to 11% where it has remained. Finally, Tennessee passed legislation in 2014 for optometric lid surgery with no impact on membership rates.

Pennsylvania has seen a 3% increase in membership in 2019, as of April 15<sup>th</sup> over 2018. Of the 572 members in the PAO, only 22 (4%) responded to our survey. Analysis found the responding members strongly agreed or agreed the PAO provides value (82%), does a good advocating in Pennsylvania (100%), they belong to the PAO to support organized ophthalmology (100%), it keeps them up to date on issues in organized ophthalmology (82%), and provides educational opportunity (40%). Only 54% would attend a CME event run by the PAO. Finally, when it comes to scope battles, 100% were aware that Pennsylvania was in an active scope battle, 95% support the efforts of the PAO to fight this battle as well as define surgery by surgeons. Lastly, 86% believe the AAO surgical scope fund (SSF) is an important resource.

**Scott M. Goldstein, MD**

*State Society Membership Rates, Surgical Scope Battles & Other Factors Effecting Member Participation*

**Conclusion:** Overall, state ophthalmology society membership rates have gradually declined from 2008 through 2017. The largest drop in membership occurred during the great recession, suggesting economics plays a role in membership. Surgical scope battles have not played a large role in encouraging or sustaining membership at the state level but Pennsylvania's ophthalmologist seem to support scope battles & the work of the SSF. The low level of response to our survey make it difficult to draw any larger conclusion. Of those that did respond, they perceive value in the advocacy efforts of the PAO and approve of the efforts of the SSF.



**Jeremy K. Jones, MD**  
**Georgia Society of Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Leadership symposium, board orientation, and advocacy orientation for Georgia Society of Ophthalmology Council Members*

**Purpose:** The purpose of this project was to develop a half day symposium for Georgia Society of Ophthalmology Council members. This project was meant to enhance participants skills in assessing their leadership style and how this style can impact their ability to work within a group of peers focusing on development of leadership skills, with an expectation that this activity would have a positive influence on the Council's ability to work as a group in the coming years. This project also aimed to introduce the council to political advocacy needs and strategies on the state and national level. Lastly, after attending this seminar, participants should have a better understanding of their responsibilities as a council member for the Georgia Society of Ophthalmology.

**Methods:** We scheduled this meeting for the afternoon before our evening council meeting preceding our winter education meeting. This was an ideal time given that this would be the first Council meeting for a number of councilors, it was in the heart of our state legislative session, and it is our best attended council meeting. I arranged for a speaker from the University of Georgia's JW Fanning Institute for leadership, provided a very informational workshop on leadership styles and how these styles may influence our ability to work in groups. Following this, Trey Bishop, as a representative of the AAO's Secretariat of State Affairs, gave an introduction on participation in the advocacy and involvement with the AAO. Dr. Kay Kirkpatrick, a Georgia state Representative then spoke about her path to politics from a career in orthopedics and the importance state medical societies play in shaping the delivery of healthcare at the state level. Lastly, Travis Lindley, the GSO executive director, and legal counsel from the Medical Association of Georgia, gave an introduction to the responsibilities of Council members and the legal and ethical framework under which state medical societies operate.

**Results:** Of our 24 councilors and members of the executive committee, we had 14 attendees for this inaugural event. The leadership workshop was a highlight, providing a fun and informative activity that helped form and build stronger relationships between council members. Dr. Bishop and Dr. Kirkpatrick stirred very interesting discussion and most councilors left with a better understanding of exactly how to get involved. All councilors, especially those who had never been to a council meeting were oriented to the expectations of councilors, which has helped us run more efficient and interactive meetings since that orientation.

**Conclusion:** In conclusion, designing and implementing a symposium/workshop such as this was very rewarding for our Council members. Participants left with a better understanding of their personal leadership style and how it affects their ability to work with others, how to be involved in organized medicine on a state and national level, and the mechanics of being a board member in a state medical society. Because of its success we plan to hold another half day workshop in the fall for our newest council members to make our Council a continuously improved body to govern our state society.





**Amar B. Joshi, MD**  
**New Mexico Academy of Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *New Mexico Academy of Ophthalmology Website Redesign*

**Purpose:** To completely redesign the website for the New Mexico Academy of Ophthalmology (NMAO). Prior to this project, the NMAO had an antiquated website with significant disadvantages including poor performance, frequent downtime, high cost of maintenance, outdated content with barriers to adding new/updated content, and inadequate incorporation of AAO and social media resources.

**Methods:** A new website for the NMAO was built from the ground up. The site was built on the Wordpress platform, which allowed us to create a modern website with responsive design that scales and displays well regardless of screen size from mobile to desktop browsers. The new website also supports easy content creation and editing with support for blogging and multiple editors. Content from the old website was reviewed and updated before migration to the new website. Resources from the AAO including EyeSmart and Find an Ophthalmologist are prominently incorporated. Content from the NMAO Facebook feed is also integrated. Finally, a “New in New Mexico” section allows members to announce/advertise new services and providers.

**Results:** The website went live in late 2018. Feedback from our membership has been very positive. Our society costs have decreased from ~\$400/year to ~\$50/year while providing the NMAO with a significant infrastructure upgrade. Future plans include expanding the amount of content as well as more aggressively promoting and updating our news section.

**Conclusion:** Designing a modern website is a cost-effective way to improve the visibility of the New Mexico Academy of Ophthalmology while forming a foundation for rapidly responding to future challenges we may face. The website is available at [www.nmao.org](http://www.nmao.org).



**Cecilia S. Lee, MD, MS**  
**Ocular Microbiology and Immunology Group (OMIG)**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Establishing a Network for Collaborations and International Membership*

**Purpose:** To develop a professional network between OMIG and different subspecialty societies to promote future collaborations and widen its current membership

**Methods:** Using the LDP and PAAO network, the contact information of the specialists (primarily uveitis) who are engaged or interested in microbiology and immunology research were acquired. The information regarding OMIG and invitation to the 2019 annual OMIG meeting were sent out to all specialists. In addition, American Uveitis Society executive board was contacted to formalize a collaboration between OMIG and AUS.

**Results:** Contacts from Argentina, Bolivia, Chile, Ecuador, Paraguay, Portugal and Puerto Rico were received. OMIG information was sent out to over 160 specialists worldwide in addition to several subspecialty societies. The formal collaboration was established between OMIG and AUS and a biennial symposium will be co-sponsored by two organizations at AAO starting in 2020.

**Conclusion:** Developing a professional network between various subspecialty societies and their members is important to raise the awareness, membership, and collaborative opportunities for the society members.



**Cathleen M. McCabe, MD**  
**The Outpatient Ophthalmic Surgery Society**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Establishing OOSS Gives, the Charitable Arm of the Outpatient Ophthalmic Surgery Society (OOSS), and Developing Pathways to Facilitate ASC Involvement in Providing Charitable Care.*

**Purpose:** To develop a charitable arm of the Outpatient Ophthalmic Surgery Society (OOSS), OOSS Gives, that can work in coordination with other ophthalmology specific charitable foundations. The goal is to engage, support and promote sustained participation of ophthalmic outpatient surgery centers and affiliate practices in philanthropic surgical vision care, locally and globally. To develop and manage a one-stop collaborative exchange connecting surgery centers and affiliated practices with mission aligned vendors and suppliers, professional and specialty associations, and participating organizations (community, governmental, non-governmental and philanthropic). To enlist surgeons (young, established and retired), executive and clinical staff, and industry executives as volunteers, financial contributors and advisors to support and sustain the mission of the Foundation and to personally and collectively tap the profound rewards of humanitarian service.

**Methods:** A legal firm was engaged to assist in a formal submission to set up OOSS Gives as a private foundation. A strategy was developed to refine branding and positioning, with the formal introduction of OOSS Gives to take place at AAO 2019. An OOSS online application was developed and was initially rolled out prior to ASCRS. Along with links on the OOSS website and education in OOSS mailings and via social media, the smartphone app will provide a portable, easily accessible link through the OOSS Gives tab to foundations and industry partners facilitate ASC participation in charitable care. We have developed a strategy to implement initial programs including budgets, timetables, distribution and participation objectives for the following: 1) Philanthropic Surgical Vision Care Directory - Surgery Centers, Industry Partners, Association and Society Partners and Other Organization. 2) OOSS Gives Exchange – Platform for information and resource sharing and collaboration. 3) Enlistment Strategies – Including industry partnerships and executive contacts, association/society and foundation partnership and leadership contacts, and young surgeons and surgery center executives. 4) Funding Strategies – OOSS membership and prospective membership, industry partners and other donors.

**Results:** A formal filing of the articles of incorporation of OOSS Gives has been completed. Key members of the board of directors and those of the ASC community have been recruited to ensure balanced leadership representation. We are in the process of formalizing and adopting operating articles of incorporation and bylaws to guide contracting, staffing and partnership agreements. We will conduct a strategic planning process including survey assessment to refine foundation branding, positioning and program development. (This activity will be completed as part of the OOSS board retreat, September 10-22, 2019). We have established initial branding and presence in affiliation with OOSS, and will launch a formal introduction of OOSS Gives as the focus of our symposium at AAO on October 12, 2019, entitled OOSS Gives for the Heart of It. We are participating in educational content at two new meetings, the Caribbean Eye Meeting (SEE/ACES meeting) and the Combined Ophthalmic Symposium ASCRS/ASOA meeting in order to broaden the reach of OOSS and OOSS Gives to a wider number of surgeons and ASCs.

**Conclusion:** The legal structure, board and direction of OOSS Gives have been finalized. We have initiated pathways to facilitate the participation of ASCs in charitable care and will move on to the next phase of implementation and refinement after our strategic planning meeting in September.



**Alison H. Skalet, MD, PhD**  
**American Association of Ophthalmic Oncologists and Pathologists (AAOOP)**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Progress and Challenges in the Creation of a Minimum Data Set for Uveal Melanoma*

**Purpose:** The Intelligent Research In Sight (IRIS) registry is a large electronic health record (EHR)-based disease registry that may provide a powerful tool to evaluate clinical presentation, diagnosis, treatment patterns and outcomes for patients with uveal melanoma. The registry collects information including ophthalmic data, demographic information and diagnosis and procedure codes in an automated fashion. We sought to interrogate the IRIS registry for data elements of interest in uveal melanoma care to assist in development of a minimum data set.

**Methods:** Possible data elements for inclusion in a minimum data set for uveal melanoma were discussed after convening a committee of ocular oncologists. A prototype minimum data set was designed and the IRIS registry was queried in August 2019 for the presence of the data elements of interest.

**Results:** Challenges identified through discussion include lack of diagnosis and procedure code specificity and difficulty capturing data including tumor measurements, pathology reports, and systemic care. Results of the IRIS registry query are pending and will be presented at the upcoming AAOOP annual meeting.

**Conclusion:** Creation and implementation of a minimum data set for uveal melanoma is a complex, but worthwhile endeavor that involves evaluating the data currently available, determining which data elements not present are essential, and developing systems to facilitate their inclusion. Study of uveal melanoma and other ocular oncology conditions using the IRIS registry will likely require design of disease-specific structured data templates to facilitate data collection. With thoughtfully designed templates, the ocular oncology field will be well positioned for future big data studies using the IRIS registry.



**Jordana M. Smith, MD**  
**Arizona Ophthalmological Society**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Technician Training in Arizona*

**Purpose:** To assess the level of interest of the Arizona Ophthalmological Society membership in improved training of technicians via both an available program in conjunction with the state society's annual meeting as well as online options.

**Methods:** A survey of membership was given during the annual meeting via Qualtrics with 24% of membership in attendance responding. The survey was run through the University of Arizona Qualtrics website and opened online in the week preceding the annual meeting in June of 2019 and advertised to membership via email and social media through links on Twitter and Facebook. A handout was placed in every attendee's folder, which included a QR code to scan directly to the mobile survey as well as reminders of the social media links. The survey was closed 48 hours following the closing session of the annual meeting and report of results given to the board via email within the week.

**Results:** Respondents were very positive about the integration of a technician training session to the annual meeting. The majority of respondents rated their attendance at the annual meeting as "more likely" if the additional technician training was available and all who had technicians in their practice responded that they would encourage their staff to attend the meeting. A few commented they would be the most likely to do so if credits for the day were included. Over 50% of respondents rated this initiative as "high priority."

The highest rated value was placed on the basics of ophthalmic work-up, including history taking, vision testing, pupils, and tonometry/IOP check mastery. Additionally, knowledge of ophthalmic medications and ability to understand and perform an OCT were ranked as high interest. Moderately ranked responses included lectures on ocular motility, providing patient education, ophthalmic photography, and procedure assistant skills. Lowest priority included coding, billing, scheduling, and surgical assisting. Open comments contained interest in educating technicians on the ins/outs of sterile technique.

Seventy percent of respondents were willing to utilize online training resources that may include videos and/or interactive materials. Again, credits for training increased the likelihood of use.

**Conclusion:** Addition of a technician-training day to the Arizona Ophthalmological Annual Meeting has high priority and interest amongst its membership base and would increase attendance at the meeting for both ophthalmologists as well as their staff. Basic skills required to work with any patient in an ophthalmology practice are in high demand. The Arizona Ophthalmological Society will be adding a technician portion for one of the annual meeting days in our June 2020 program and applying for JCAHPO credits as appropriate to help recruit participation. The website will be reorganized to allow for log-in capacity for any online training development for members, although this has a lower priority compared to the development of the day-long session at the June 2020 meeting.



**Christopher C. Teng, MD**  
**Connecticut Society of Eye Physicians**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

***Title of Project:*** Campaign for Ophthalmology

***Purpose:*** What is an ophthalmologist? What do they do, how are they trained? What makes them special? What can an ophthalmologist do to even explain it? The purpose of this project is to make a campaign video for ophthalmology, featuring interviews with Connecticut Society of Eye Physician members, and data and information about ophthalmology, including what we do, how we do it, why it is important, etc. This video highlights all that is outstanding about our profession in order to educate and cultivate understanding with patients, legislators, and the general public.

***Methods:*** A campaign style video was made, featuring ophthalmologists from the Connecticut Society of Eye Physicians. The video incorporated facts about ophthalmology, training required, what ophthalmologists do on a day to day basis, devotion to patients, and the outstanding patient care provided.

***Results:*** The video has garnered positive feedback from members and has been shown to legislators at the state capital, which has allowed them to gain a better understanding of our field and profession. Patients have commented that they have more appreciation of what ophthalmologists do and the training required to become one. The video will soon be posted to Youtube.

***Conclusion:*** The campaign video for ophthalmology has increased awareness of our specialty with patients, legislators, administrators and the public. This video highlights all that is outstanding about our profession and has increased awareness about ophthalmology, in a visual, impactful tantalizing and tasteful manner, much like a political campaign video. Through this video, we have been able to succinctly explain what we do and why it is important.



**Michael D. Westafer, MD**  
**Nevada Academy of Ophthalmology**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Nevada Mandatory DMV Reporting*

**Purpose:** To understand the current practice patterns of eye care providers in Nevada in relation to reporting visually impaired patients to the Department of Motor Vehicles as well as assess the present level of knowledge regarding mandatory reporting laws in the state.

**Methods:** A computerized survey was created and sent to licensed ophthalmologists and optometrists in the state of Nevada. The survey gathered data such as volume of visually impaired patients, DMV reporting practices, knowledge of DMV law regarding mandatory reporting, and opinions on whether this positively or negatively affects patient care.

**Results:** The survey was distributed to optometrists through the optometry state board's quarterly digital newsletter and by an email from the American Academy of Ophthalmology to all active ophthalmologist members. There were a total of 34 respondents, 23 ophthalmologists and 11 optometrists. 68% of respondents saw visually impaired patients at least weekly and none reported never seeing visually impaired patients. 32% of those surveyed reported having little or very little familiarity with state/local low vision resources while about 15% reported being very knowledgeable about these resources. Only one respondent reported never having recommended that a patient cease driving due to visual impairment. 17.6% of those surveyed had contacted the DMV to report a visually impaired driver. 70.6% (24/34) respondents were not aware of mandatory reporting laws in Nevada. 47% of providers felt mandatory reporting would negatively affect patient care while 44% felt it would neither positively nor negatively impact care. Finally, 88.2% (30/34) respondents would support efforts to change reporting of visually impaired patients voluntary.

**Conclusion:** Despite every respondent seeing visually impaired patients with some frequency (two-thirds of whom saw them at least weekly), the vast majority had never reported a patient to the DMV. In addition, a large proportion were unaware of mandatory reporting laws. About a third of those surveyed were not familiar with state and local low vision resources. The majority of respondents felt that mandatory reporting would negatively impact patient care and would support efforts to change reporting laws to be voluntary, in line with nearly every other state in the country. Increasing awareness of mandatory reporting laws will likely change the reporting practices of eye care professionals in the state, as well as potentially create growing interest in changing the current laws.





**Scott J. Westhouse, DO**  
**Michigan Society of Eye Physicians and Surgeons**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Elevating our Voice: Increasing Advocacy with Michigan Society of Eye Physicians and Surgeons*

**Purpose:** There is a need within MiSEPS for greater engagement of leadership and general membership in advocacy affairs. The goal is to develop a proactive strategy to advocacy with the state legislature. Our state society needs to interact with state legislature by building relationships between specific physician constituents and their key respective legislators.

**Methods:** A fortuitous opportunity to build relationships with legislators developed as MiSEPS introduced an early eye drop refill bill to the State House of Representatives. Key legislators on the health policy committee were identified with the assistance of our lobbying consultants. MiSEPS regional directors were then matched with their respective key legislators. Informal meetings were coordinated in the legislator's district.

**Results:** Two meetings were successfully completed to date. In these meetings it has quickly become clear that the legislators are attentive to our collective voice as we advocate for our patients and that personal connection with legislators does matter. Admittedly, it has proved more challenging than anticipated to coordinate physician schedules and legislator schedules. As the Michigan's state legislature resumes their session this fall, we will continue our efforts to set up these meetings in the districts in hopes of passing the early eye drop refill bill. Establishing these meetings will build relationships for future advocacy efforts for our profession and our patients.

**Conclusion:** A format has been established for connecting MiSEPS membership with key state legislators. MiSEPS leadership is aware of this need for our state society. The proactive approach of meeting legislators in their districts and maintaining these relationships will be a vital component in the future for any advocacy issues that should arise in the state of Michigan.



**Lloyd B. Williams, MD, PhD**  
**Utah Ophthalmology Society**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Developing aids for Utah Ophthalmology Society members to use in legislative and non-legislative ophthalmology advocacy*

**Purpose:** The purpose of this project is to inform UOS members of the non-legislative scope of practice attack from optometry in Utah in October 2018 and potential future scope battles. Members will be provided with tools to assist in advocacy with legislators. Members will also be surveyed to see who would be likely and willing to approach legislators to discuss advocacy. We hope that the provision of materials and templates for use in discussing with legislators will increase the confidence that members have in reaching out to legislators.

**Methods:** Research was conducted with lobbyists, members, society members, and the administrators of the UOS and other state societies to determine what materials would be most effective. The state society of North Carolina was consulted as well, especially because of their successful defense of surgical scope in North Carolina. A survey of 3 questions was also generated that served the dual purpose of gathering information and providing information to UOS members.

**Results:** Powerpoint and video presentations were created for members to use as talking points. Leave behind materials were also developed to provide legislators. Materials were also created to assist members in preparing for questions that legislators might have in order to help improve member confidence with talking with legislators.

**Conclusions:** Most of our members have no experience speaking with legislators. We are hopeful that our Powerpoint and materials will give them the confidence to begin a dialogue. We will monitor how many members are willing to reach out to their legislative representative over the next 12 months and whether they found the materials helpful.



**Steven Yeh, MD**  
**American Uveitis Society**  
**Leadership Development Program XXI, Class of 2019**  
**Project Abstract**

**Title of Project:** *Assessment of Organizational Mission and Service Delivery of the American Uveitis Society*

**Purpose:** The American Uveitis Society's mission is "to increase, promote, and disseminate knowledge regarding uveitis and to develop and promote research and investigation in the field." Core activities include annual meetings to discuss research and investigation (e.g. Winter Symposium, AAO, ARVO) as well as select symposia at national and international meetings (e.g. AUS Educational Sessions, Resident Reading Lists, IOIS). These research events are communicated and highlighted via the AUS website and e-mail. With the growth in membership and range of career stages of its membership, an objective evaluation of alignment of mission and service delivery would be valuable to determine AUS organization's strategy, priorities, and resource requirements for continued AUS growth, representation, advocacy and communication on behalf of its members and leadership. This project would evaluate AUS membership's current understanding and value of core offerings, membership interests, and opportunities to expand the AUS profile within the medical community.

**Methods:** The alignment of AUS Mission with Service Delivery will be assessed in categories related to the current mission statement focused on education and research, as well as general organizational parameters related to AUS. Key informant interviews were conducted for uveitis physicians and trainees at varying stages of their career (i.e. early career 0-5 years, mid-career 6-15 years, established physicians > 15 years) related to the above categories including uveitis providers/AUS members. Data collected included years in practice, sex, academic or private practice setting, and proportion of time spent in the clinic, research, and administrative duties. Five open-ended questions were asked, and interviewees were given the opportunity to expand on their initial response. These five questions focused on: 1) Overview of clinical and research practice and educational focus; 2) AUS offerings valued by the individual; 3) General areas of improvement in the patient care, education, and research; 4) Perception of the alignment of the AUS mission with service delivery; and 5) Remarks to convey to AUS Executive leadership.

**Results:** Twelve key informant questionnaires were conducted, which included 11 (92%) AUS members and 1 uveitis provider who was not a member of AUS. Six individuals were female (50%) and the majority described academic practice settings (92%). The median time per interview was 30 minutes (Range 20-75). The median number of years in practice was 6.5 years (Range 2-35). The median percentage of time spent in patient care, research, and education were 55%, 35%, and 7.5%. Positive perception of at least one AUS event was reported by 11/12 (92%) individuals. Positive perception of the educational value of the AUS meeting at AAO, ARVO, and Winter Symposium were described by 7 (58%), 6 (50%) and 6 (50%) interviewees. Positive perception of the Listserv, which describes patient management advice was described by 5/12 (42%), while negative perception of the Listserv was described by 2/12 (17%) of individuals. Suggestions for areas of increased involvement included improved patient education by 5/12 (42%), collaborative research promotion by 3/12 (25%), and young investigator grants by 3/12 (25%). Ten of 12 individuals reported that AUS met its mission through the services offered for educating physicians (83%). Four of 5 early career (80%) were interested in AUS engagement with younger ophthalmologists on committee levels or in mentor-mentee programs.

**Steven Yeh, MD**

*Assessment of Organizational Mission and Service Delivery of the American Uveitis Society*

**Conclusion:** The majority of AUS members and uveitis specialists reported positive perception of at least 1 AUS meeting event, with nearly 60% reporting a positive perception of the AUS meeting at AAO. Fifty percent reported positive perceptions of the AUS meeting at ARVO and Winter Symposium. While over 80% of individuals surveyed felt that the mission and service delivery were aligned overall, patient education was highlighted as an area that could be improved by a significant minority of interviewees. In addition, early career physicians voiced an interest in AUS leadership involving younger uveitis specialists related to AUS committee work, mentor-mentee training or opportunities to serve in the society. Key informant interviews of AUS membership provided an opportunity to broadly evaluate perceptions of AUS mission with service delivery to form the basis of a quantitative survey instrument currently in development.