Anthony C. Arnold, MD
North American Neuro-Ophthalmology Society (NANOS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *NANOS-AAO Collaborative Physician Education Program*

Purpose: To initiate collaboration between the North American Neuro-Ophthalmology Society (NANOS) and the American Academy of Ophthalmology to develop national physician education program in neuro-ophthalmology.

Methods: Needs assessment performed by review of NANOS strategic planning documents and previous collaborative physician education projects between NANOS and AAO. Discussion with NANOS and AAO Education Committees regarding viable modalities for national education programs. Identification of a Task Force from both neuro-ophthalmology for non-neuro-ophthalmologists (ER, Family Practice, comprehensive ophthalmology, neurology).

Results: Discussions are in progress between the NANOS Education & Curriculum Committees and the AAO Education Committee to develop this program, involving the intellectual resources of NANOS for content and the technical resources of AAO for final product administration. A digital neuro-ophthalmology image library is in development at the University of Utah, and the use of this resource will be incorporated. This is a long-range project in its early states, envisioned as a modular web-based program for the various specialties involved, to be developed over the next 2-3 years.

Conclusion: Collaboration between NANOS and AAO will foster the development of this program with optimum use of the resources of each and minimization of redundancy.

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Everton Arrindell, MD
National Medical Association – Ophthalmology Section
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *The Middle Tennessee Diabetes Eye Care Project*

Purpose: To increase community awareness of diabetic eye disease and provide screening eye exams targeting high-risk populations in Middle Tennessee.

Methods: Tennessee Academy of Ophthalmology (TAO) physicians are developing an alliance with the Middle Tennessee Chapter of the American Diabetes Association and the Tennessee Lions for the purpose of enhancing community awareness and providing ongoing diabetic screening eye exams to high risk populations. The program is community based and utilizes the ADA community outreach arms to the African-American, Hispanic, and other high- risk population groups. Information regarding screenings is disseminated through various sources including community churches. Screenings are staffed by Tennessee Eye MDs with the support volunteers.

Results: Community outreach efforts are currently ongoing in the form of diabetes seminars and eye screenings at churches and community centers. The program has been well received by all groups. Further analysis of the effectiveness of this program is forthcoming with additional experience.

Conclusion: Utilizing existing resources we have developed a community-based collaborative approach to provide diabetic education and eye screenings to at risk populations. If successful this model may expanded to a statewide program.

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William Zachary Bridges Jr., MD
North Carolina Society of Eye Physicians and Surgeons (NCSEPS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Cherokee Diabetic Screening*

Purpose: To establish a digital diabetic screening program at the Cherokee Indian Hospital.

Methods: A coordinated effort involving Western Carolina Retinal Associates (WCRA), Mountain Area Health Education Center (MAHEC) and the Cherokee Indian Hospital (CIH) was initiated to establish a viable digital diabetic screening program. Grant funds were utilized to purchase a digital nomydriatic fundus camera. The camera is located within the diabetic clinic of the CIH. Images from the camera are transmitted to the MAHEC learning center in Asheville for interpretation. The physicians of WCRA then perform interpretation and appropriate triaging.

Results: The system is currently up and running. Images of patients at risk have been captured and evaluated.

Conclusion: Cooperation of Eye M.D.s with both private nonprofit (MAHEC) and federal/tribe (CIH) entitites has resulted in a successful diabetic screening program. This project should serve as a model for Eye M.D.s throughout the state in attempting to decrease the morbidity of diabetic retinopathy.

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Marcia D. Carney, MD
Retina Society / Virginia Society of Ophthalmology (VSO)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *The American Academy of Ophthalmology Resident and Fellow Information and Advocacy Teaching Tool*

Purpose: To develop a power point presentation as a standardized teaching tool to be used in residency and fellow training program lectures with continual updates provided by the AAO and state societies.

Methods: A power point presentation was designed outlining the organization of the Academy and the Virginia Society of Ophthalmology, the educational objectives of the AAO, available teaching tools, and advocacy efforts at the federal and state level. This presentation was designed to 1) introduce residents and fellows to the Academy, 2) continually update the Academy's education initiatives and materials (BCSC, Provision, LEO, practice management, TAN) for the "young ophthalmologists," and 3) promote the importance of advocacy in state and federal legislative affairs. Prior to delivering the presentation to the three residency training programs in Virginia (Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia), a 10-question "pre-test" was given. The Executive Director of the Virginia Society of Ophthalmology and our state lobbyist detailed information on local public advocacy. The power point presentation was discussed. The 10-question "pre-test" was then re-administered as a "post-test" to assess the effectiveness of the presentation.

Results: Of the 19 residents tested, complete information (pre-test and post-test results) was available for 17 residents. Prior to the presentation, 56% of the questions were answered correctly. After the presentation, 86% of the questions were answered correctly. There was an average increase of 2.7 of 10 questions answered correctly following the power point presentation. Subjective evaluation was positive and the residents appreciated the Academy's efforts in introducing information on such a complex organization and supported further updates on teaching tools and advocacy efforts.

Conclusion: A standardized power point presentation with updates would be an effective teaching tool at the residency level for the introduction of the Academy and its teaching and advocacy efforts to young ophthalmologists. Larger programs with fellowships remain to be assessed.

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Bryan P. Hemard, MD
Louisiana Ophthalmology Association (LOA)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Increase Membership in the Louisiana Ophthalmology Association (LOA)*

Purpose: To increase membership numbers in the LOA in order to promote greater effectiveness in the State legislature that will serve to protect the quality of patient care.

Methods: The Louisiana State Legislature nearly passed a bill in 2001, which would have allowed Optometrists essentially unlimited prescriptive authority. The bill was defeated by a single vote. The LOA realized at that time, that a grass roots effort in all areas of the state was needed to effectively promote and insure quality patient care. It was decided that in order to accomplish our purpose, a broader statewide membership would be necessary. This would be accomplished by involving strategically placed key personnel in 7-8 regions of the state. Their functions would be to establish liaisons with selected local legislators and to personally contact ophthalmologists in their regions that were not LOA members, encouraging them to join the organization. These doctors were selected by the President and President-elect of LOA, and then contacted.

Results: Six strategic areas have been established, key personnel identified, and membership has increased by greater than 20% over last year's membership.

Conclusions: The framework is in place for further development of this project. This will result in a larger membership in LOA that will allow Ophthalmologists to become more active in the legislative process. The increase in membership will produce a larger budget that will allow the Association to become pro-active rather than reactive when bills arise that diminishes quality patient care.

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Todd M. Hovis, MD
Texas Ophthalmological Association (TOA)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Increasing Resident Membership in State Society*

Purpose: To contact residency programs and inform residents of benefits of state society membership.

Methods: Each residency program was contacted. Conflicts with the proposed mentoring program resulted in a conference call amongst program chairmen, temporarily halting access to residents.

Results: Membership among residents has increased to 41, despite setbacks. Efforts are underway to ease tensions with program chairmen and regain access to residents.

Conclusion: An ongoing effort to increase resident membership in our state society is slowly succeeding.

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Mark C. Maria, MD
Pennsylvania Academy of Ophthalmology (PAO)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Surgical Patient Protection Act*

Purpose: To introduce legislation in Pennsylvania to statutorily define surgery and place it in the medical practice act as well as to set ground rules for co-management.

Methods: The Pennsylvania Academy of Ophthalmology has worked with the Pennsylvania Medical Society to craft a definition of surgery, which is acceptable to the medical community at large. The Interspecialty section committee, which is composed of 30 specialty society representatives, has approved this definition and the definition will be presented to the House of Delegates in October. We are working with key committee members in the legislature to get sponsors for this bill.

Results: The bill has been generating interest and support from other medical specialties.

Conclusion: We are in a very good position to take a proactive stance on patient protections and insure that surgery is done by surgeons. This bill could become a precedent for a national initiative.

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Daniel F. Martin, MD
Macula Society
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Remote Diabetic Retinopathy Screening Project*

Purpose: To provide diabetic eye care in underserved areas of Georgia

Methods: The Emory Eye Center has developed a Telemedicine Diabetic Eye Screening Service. The service currently consists of two permanent non-mydriatic fundus cameras set up at internal medicine and family practice offices, with digital images captured and read at a reading center at Emory. Our plan is to expand the service to include a mobile unit that would travel to more remote locations throughout Georgia. A roving camera and photographer will travel to area health and education cooperatives identified by physicians at the Georgia Department of Public Health as regions in high need of diabetic eye care. Patients will be photographed and the digital images transferred back to Emory where they will be read by a certified reader and ophthalmology faculty. Individuals in need of further eye care will be referred to nearby ophthalmologists who have agreed to examine and treat these patients. The Georgia Society of Ophthalmology (GSO) will play an integral role in identifying ophthalmologists willing to provide this follow up service. Support for the project will be provided by funds raised through recent state legislation and by the Emory Eye Center.

Results: A number of meetings have been held with state officials and several high-risk areas have been identified. Equipment has been secured, a photographer identified, and a certified reader hired and trained. Some members of the GSO willing to provide eye care have also been identified. We anticipate that our first mobile screening will occur within the next few months.

Conclusion: Remote diabetic retinopathy screening in conjunction with service provided by GSO members should improve diabetic eye care in underserved areas of Georgia.

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Jeffrey B. Minkovitz, MD
Delaware Academy of Ophthalmology
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Enhancing Membership Value in a Small State Society*

Purpose: To strengthen support and increase participation of members of the Delaware Academy of Ophthalmology through identification with the larger Metro-East Region.

Methods: The Delaware Academy of Ophthalmology has enjoyed broad enrollment of its area ophthalmologists. 75% of practicing EyeMD's are paid up members. In addition, 8 retired physicians and 12 residents are courtesy members, representing most of those eligible in these categories. However, many members view the organization as little more than a source for continuing medical education and a venue for social gathering. While important components of a local medical society, these aspects alone do not establish an entity through which members will actively participate in addressing issues critical to ophthalmology.

By highlighting our membership in the Metro East Region (DE, NJ, NY, PA), and making available to members the resources from the larger group, I hope to create a sense of significance which will result in more meaningful participation by our already broad group. Face to face contact as well as letters and newsletters will disseminate the information.

Results: The first regional event, the Fall Foliage Focus, was held at the Sagamore Resort this year. Numerous mailings alerted members to the event, as well as to the significance of participation in a regional activity. Delaware actively contributed to planning the event, and sent 8 of 52 practicing physicians. Steps were taken to develop a process of sharing resources, and members were made aware of this possibility. Continued communications will highlight this relationship, and the council regional meetings will serve as a forum to discuss future opportunities.

Conclusion: Larger states in any local region have much to gain by strengthening their smaller neighbors. Changing long standing attitudes is a gradual process. While Delaware is fortunate to have a broad membership base, time will tell whether its members will bring their enthusiastic support to critical issues we will undoubtedly face.

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Philip R. Rizzuto, MD, FACS
Rhode Island Society of Eye Physicians and Surgeons (RISEPS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *Increasing Awareness of Lyme Disease and Other Tick Borne Illnesses*

Purpose: This project sponsored by the Rhode Island Society of Eye Physicians, served to increase the awareness of Ophthalmologists and other physicians with regard to lyme disease and other tick borne illnesses in the State of Rhode Island.

Method: Rhode Island has the second highest reported number of Lyme Disease cases as a percentage of population in the United States. I served on a special commission appointed by the Governor that held hearings and public forums where testimony was provided by patients and families affected by lyme disease and other tick borne illnesses. Concerns of citizens and the medical community were addressed as well. Meetings and discussions with experts in the field of Infectious Disease, Pediatrics, Internal Medicine and Entomolgy, were also held.

Results: The information and data from all sources was reviewed at several roundtable discussions. Several conclusions were drawn and a management plan drawn up. It was felt that a statewide physician education program was clearly necessary to aid in appropriate patient management. Improved surveillance was needed for the identification and tracking of tick borne illnesses. Improved testing was indicated to facilitate early and adequate treatment. Finally, physicians not insurance companies were the ones to dictate how to prescribe, administer, or dispense antibiotic therapy for persons diagnosed with and having symptoms of lyme disease.

Conclusion: Lyme disease is a significant problem in New England and in particular the State of Rhode Island. Physicians need to be educated in the diagnosis and treatment of lyme disease and other tick borne illnesses. Physicians not insurance companies should dictate appropriate medical care for those diagnosed with lyme disease.

As a result of this commissions work, The Lyme Disease Diagnosis and Treatment Act was drafted and signed into law by Governor Lincoln Almond in July in order to protect patients suffering from lyme disease and the physicians who treat them.

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Susan H. Senft, MD
Hawaii Ophthalmological Society (HOS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *The Approach to the Chemically-Dependent Ophthalmologist*

Purpose: The estimated lifetime prevalence of substance abuse/dependency in the US population is 26.6% with alcohol dependence having a lifetime incidence of 14.1%. Physicians have a greater lifetime probability of developing a chemical dependency than the general population. Some of this has been attributed to access to controlled substances during the course of medical practice. With the advent of recent JCAHO requirements for hospitals to address physicians' health issues, either through formal committees or contracting with referral programs, a new spotlight has been focused on this subject. The purpose of this study was to increase awareness and provide an overview of the chemically-dependent ophthalmologist encompassing recognition of the problem, summarizing an outline of the intervention process, in addition to reviewing rehabilitation avenues and recovery goals.

Methods: Initially, information was sought from several major treatment centers renowned for their physician chemical dependency rehabilitation. Data for the number of ophthalmologists was not forthcoming. The project was then revised to poll representative states from different U.S. regions, seeking to compile statistics only for ophthalmologists presently under contract for their chemical-dependency recovery. During this process, national trends as well as various concepts employed to deal with chemically-dependent ophthalmologists surfaced.

Results: Identification of an affected practitioner usually results from the emergence of family, community, financial, physical/emotional/spiritual problems and ultimately poor job performances. Gallegos and Talbott reported in 1997 that of 684,400 physicians in the USA; women comprised 19.5% of this total. Data from the National Institute of Mental Health Epidemiologic Catchment Area program estimates 137,397 physicians with alcohol disorders (131,124 men, 6,273 women) and 48,829 (42,423 men and 6,406 women) with other drug dependency disorders. Cumulative data from states surveyed revealed an incidence for afflicted ophthalmologists of approximately 6%. Substances such as alcohol, meperidine, and cocaine were the most commonly abused substances in the chemically-dependent ophthalmologist population. Punitive action resulting in the loss of physician licensure initially resulted in a 50% suicide rate among all physician types affected. Therefore a paradigm shift towards successful

Susan H. Senft, MD
Project: The Approach to the Chemically-Dependent Ophthalmologist (cont'd)

rehabilitation of the chemically-dependent professional hinges upon several inviolable major principles: 1) comprehensive assessment, 2) detoxification and medical stabilization and 3) long-term continuing care with monitoring. National data reveals the presence of rehabilitation avenues in all 50 states except West Virginia with three basic types identified: a) state medical association based (66%), b) independent (24%) and c) state medical board based (10%).

Hawaii's program is affiliated with 1200 practicing physicians. 50 currently under contract for their recovery of which 5 are ophthalmologists (out of 105 Eye M.D.s in the state, or 4.7%).

Conclusion: Physician chemical dependency is a disease state not necessarily equal to physician impairment. The process of identification, education and intervention leading to successful therapy relies upon monitoring which is critical, and effective only when properly structured. Above all, it is important to understand the concept of "don't terminate, rehabilitate". We need to foster concepts of wellness/how to get healthy rather than how ill one has become, ultimately changing the situation from impaired to repaired. Advocates such as Physicians' Health Committees give their support contingent upon practitioners' compliance with their contracts for recovery and achieving beneficial treatment responses so that public protection is guaranteed.

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Samuel P. Solish, MD
Maine Society of Eye Physicians and Surgeons (MSEPS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *New Ophthalmology Symposium*

Purpose: To enhance Maine ophthalmologist participation in state society activities by starting an annual ophthalmology continuing medical education seminar.

Methods: Many ophthalmologists in the United States have attended the Lancaster Course held at Colby College each summer. Many have fond memories of their short time spent in Maine either at Colby or on vacation. To date there have been few ophthalmology CME activities which have utilized the Maine coast for an educational conference.

The First Annual Downeast Ophthalmology Symposium was organized using a conference planner. Funding was a mixture of MSEPS seed monies, registration fees and industry support. Eleven speakers from the US and Canada were invited to lecture on glaucoma topics. Glaucoma specialists from Maine were moderators but Maine physicians were not speakers to avoid intra-state rivalries,. Other meetings were held the same weekend at the Plaza Hotel in NY City and Lake George, NY.

Results: The First Annual Downeast Ophthalmology Symposium was held at the Samoset Resort September 20-22, 2002. There were 65 registrants, 25 from Maine. Evaluations were very positive and Maine Ophthalmologists are interested in continue the symposium Plans are underway for a Second Annual Downeast Ophthalmology Symposium, September 26-28, 2003 in Bar Harbor, Maine.

Conclusion: A State ophthalmology society can find positive social and educational events that have potential to bring members together. By utilizing the positive funding environment for quality CME programs there is the potential for making the MSEPS symposium a longstanding tradition for ophthalmologists from Maine and those from "away".

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Michael P. Varley, MD
West Virginia Academy of Ophthalmology
2001-2002 Leadership Development Program
Project Abstract

Title of Project: *WVAO Website Project*

Purpose: Establish and encourage use of online communication for the West Virginia Academy of Ophthalmology (WVAO).

Background: The West Virginia Academy of Ophthalmology has no formal Internet functions at present. The goal of this initiative is the creating and funding of an interactive website for day to day operations. The establishment of this communication tool affords the opportunity to upgrade the organization mission statement, increase public service information, and facilitate more rapid distribution of information among members in a cost efficient manner.

Results: Initial funding for the professionally designed web page was established. A customized multi-page design was patterned after the print version quarterly newsletter formerly used. E-mail capacity, list server function, and educational links specific for both physicians and patient education were incorporated into the site. The standard quarterly newsletter was discontinued. These measures encouraged the use of the website by the general membership for patient information reference and for all WVAO membership business except for financial interactions (payment of dues).

Among successful achievements already accomplished:

- Weekly legislative updates
- Annual Membership notices
- Annual State Meeting Announcements and Registration
- Continuous Newsletter Updates
- Legislative Alerts and Notices of Special Scheduled Committee Hearings
- Coding Inquiries and Announcements

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Aaron P. Weingeist, MD
Washington Academy of Eye Physicians and Surgeons (WAEPS)
2001-2002 Leadership Development Program
Project Abstract

Title of Project: Online Legislative Forum

Purpose: To facilitate communication among legislatively active members of the ophthalmic community.

Background: State Affairs personnel have effectively directed the charge against aggressive optometric legislation across the country. As legislative battles have heated up it has become more important to network and disseminate information rapidly. Communication directly between states regarding some issues may help state organizations respond more quickly and effectively. The increased use of electronic communication will facilitate that process.

Description: A password protected Forum on the AAO web site where Academy staff, state executives, lobbyists and active EyeMDs can share legislative strategy, educational documents, research, and thoughts on legislative matters. Initial Meeting Rooms will be "Scope of Practice Legislation," and "Pre-K Screening" with others to follow as the Forum develops. Academy staff and leadership can easily monitor the Forum so that sensitive and important issues can be detected early and appropriate action can be taken in a timely fashion.

The Forum will be available on-line in late 2002.