

PRESIDENT'S PERSPECTIVE

Now is the Time to Rally Together!

BY RANDALL J OLSON, MD



IT HAS BEEN A PLEASURE to serve as your President this past year. The high point of my term has been our recent meeting, and it was most encouraging to see that this is the highest attendance we have ever had for an AUPO meeting. There was clearly the sense that we need to rally together to be able to function as a unit in this most difficult environment in which we have been placed. The participation in all of the related organizations that are now part of the AUPO family has been equally strong and a great asset as we move forward.

We are under incredible pressures and face great concerns at this time. When it comes to our academic mission, the single organization that has as its only goal of giving us the tools and the ability to survive and thrive in the future is AUPO. Please get the word out to our colleagues who did not attend the meeting this year, and let them know that we are very much trying to focus on key issues that are critical for our success. We need all our members to come and support our effort.

In this newsletter there will be summaries of the outstanding symposia that we had this year. I am particularly excited to announce our ambulatory surgery effort to try and help all of the programs who are struggling for more efficiency, in order to generate a positive margin. This is just the beginning in all of the good we can do, as we work together. ■



Diane S. Swift
Chair, Research to
Prevent Blindness

At its January 2013 meeting, the Board of Trustees voted unanimously to make Ms. Swift an honorary member of AUPO. This is only the second honorary membership designated by AUPO in its history. It is an honor and a privilege to welcome Ms. Swift to AUPO's membership.

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Administrators Update

BY WAYNE A. IMBRESIA, MPH, MHSA

THE RECENT 2013 AUPO ANNUAL MEETING and the University Administrators of Ophthalmology (UAO) meeting held in San Diego, California, carried forward many of the important themes from the past. The success of this year's meeting was evident, with valuable contributions, sharing of time and skills in presentations as well as immeasurable networking opportunities.

The Annual Meeting commenced on Thursday morning as we joined the chairs for the Management Symposium titled, "Hospital-Based Practice – Is it Good for Ophthalmology?" Ricky Bass gave a thought-provoking presentation on the pros and cons of hospital-based systems, founded on his recent experience at the University of North Carolina. The Hybrid System at Ohio State University was highlighted by Robert LaFollette and provided valuable administrative insight. Dr. Thomas A. Oetting from the University of Iowa was this year's recipient of the Straatsma Award for Excellence in Resident Education. His unique approach to enhanced surgical training and its impact on patient safety were highlights of his lecture. Thursday afternoon featured the popular "What's Happening in My Backyard" session where Jenny Hinebaugh from the University of Virginia and Myndie Friedman from Mount Sinai shared their organizational experiences and lessons learned. This was followed by Listserv Live, moderated by Danielle Werner, which covered subjects from Research to Prevent Blindness (RPB) reporting to femtosecond lasers. As usual, there was plenty of discussion and our member evaluations reflected the value of this experience. Our Thursday social outing provided an opportunity to continue our networking, while enjoying a tour of San Diego and a wonderful dinner at Sea Port Village.

Friday's program focused on subjects that were identified in last year's evaluation as well as discussions during the year from the listserv. "Managing with Data (Without the Data Managing You)," "Research Administration – Basic to Clinical," and "The Pain and Gain of Electronic Medical Records and Image Capture in Ophthalmology: The Administrator's Role" kept us all engaged. Many pertinent discussions branched off of these important topics. I would like to recognize Jeff Good, Michelle Chizek, Cheryl Formes, Ann Koval, Sigrid Button, and Cameron Blount for their wonderful presentations and support.

The hot topic of internal follow-up billing was outlined by Cameron Blount during Saturday's morning session. This was

followed by staffing issues of flow, mix, models and management. Thanks to Carol Braxton and Glenn Bedell for their wonderful contributions. The sharing of experiences during this time proved to be particularly helpful.

It takes so many people to create the type of annual meeting that leaves attendees feeling they have gained new insights and increased their passion to return to their places of work and make a difference. Much appreciation goes to Vice President Sheri Farber, for making this year's program exceptional, and to Thelma de Souza for taking care of the many fine details that go into making the meeting so meaningful. On behalf of the entire organization, I would like to thank Ricky Bass for all of his outstanding years of service on the UAO Board and welcome Michelle Chizek of the University of Wisconsin to the Board.

Although each of our organizations face many challenges, let us remember the encouraging words of Helen Keller, "Character cannot be developed in ease and quiet. Only through experience of trial can the soul be strengthened, ambition inspired, and success achieved."

I wish you all great success this year and please let me know if there is anything the Board or I can do to create greater value for our organization. ■

Election Results

Congratulations to the following Members, Associate Members and Administrators that were recently elected to leadership positions:

Board of Trustees – effective April 1, 2013

Eduardo Alfonso – President-Elect
Russell Van Gelder – Trustee-at-Large

Program Directors Council – effective Feb. 1, 2013

Bhavna Sheth – Member-at-Large

Medical Student Educators Council – effective Feb. 1, 2013

Jamie Rosenberg – Member-at-Large
Kent Anderson – Member-at-Large

Administrators Board – effective April 1, 2013

Michelle Chizek – Member-at-Large

Program Directors Council Report: The Next Decade

BY ANDREAS K. LAUER, MD

AT THIS YEAR'S AUPO MEETING, the residency program directors (PDs) had an opportunity to look back on a decade of participation in AUPO as associate members. During the years 1998 and 1999, Dr. Andrew G. Lee verbalized a compelling case for PD engagement to better manage residency education and to tackle the new training mandate, the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project. In 2002, the Program Directors Advisory Council (PDAC), comprised of charter members Drs. Alfredo Sadun, Paul Langer, Jay Lustbader, Jack Cohen, Scott Sigler, JP Dunn, Anthony Arnold, Nicholas Volpe, and Karl Golnik, received support from the AUPO Board of Trustees (BOT) to join the organization and to participate in the annual meeting in 2003. This group then became known as the Program Directors Council (PDC), and has since organized educational activities for PDs such as the AUPO Residency Program Symposium (RPS) and the Teaching and Learning in Ophthalmology Symposium at the annual American Academy of Ophthalmology (AAO) meetings.

In the summer of 2003, the inaugural Educating the Educators (EE) meeting, directed by Dr. Lee, was held in Iowa, and the second meeting, held in 2004 and directed by Dr. Golnik, was held in Cincinnati. In 2005, EE was held in conjunction with the annual AUPO meeting, a practice that continues to this day. A meeting that started with 47 PDs had blossomed to over 170 registrants at this year's meeting, with participants comprised of PDs, department chairs, associate PDs, program coordinators, and many others. On Wednesday, January 30, 2013, Drs. Laura Wayman and Shahzad Mian co-chaired an outstanding EE meeting that included several excellent free papers addressing practical aspects of residency training. The afternoon session was comprised of presentations by Susan Bony, Casey Eye Institute Residency Program Coordinator, on the role of the residency program coordinator, and by Drs. Paul Pruetz, Program Director and Blaine Cribbs, Associate Program Director (both of Emory Eye Center) on the role of the associate program director in ophthalmology training. Later, Dr. Luanne Thorndyke, Vice Provost for Faculty Affairs and Professor of Medicine at the University of Massachusetts, presented "Building a Mentoring Relationship that Matters: Tools for Success." Many

thanks to Drs. Laura Wayman and Shahzad Mian for arranging and organizing an excellent meeting.

I hope that you agree that in the first decade, the increased interaction between PDs and the support from AUPO members has been extremely helpful for the sustained dedication and engagement in improving resident training. More recently, ophthalmology departments have come to appreciate the essential nature of program coordinators in the functioning of residency programs. This year saw the inaugural meeting at AUPO of the program coordinators' group. On behalf of all of the PDs, we thank the BOT in including this important group. In essence, the inclusion of this group is not unlike the inclusion of PDs over 10 years ago.

The AUPO Residency Program Directors Symposium took place on January 31, 2013 at the AUPO meeting, where Jessica Linehan, JD, from the law firm Dorsey & Whitney, presented "Ophthalmology Resident Candidate Interviews: Best Practices, Pitfalls and Legal Considerations." I presented case submission opportunities on the AAO ONE's "Diagnose This" and "Academy Rounds." Dr. Golnik presented Journal of Academic Ophthalmology manuscript submission opportunities. During a "Hot Topics" session, new PD Dr. Grace Sun presented "YO to GO: Integrating Global Ophthalmology into Residency." Participation in global ophthalmology by residency programs has become an increasing trend, and presentation at this forum engendered interesting discussions on the impact of resident experiences outside of their training facilities. Dr. Anthony Arnold provided us with an update on the ACGME Ophthalmology Milestones Project and the Next Accreditation System (NAS). Sincere thanks goes to Dr. Arnold for continuing to keep the PDs informed of developments and for soliciting our input. Although scheduled for the RPS, Richard Zorab, Vice President of Ophthalmic Knowledge at AAO, presented an update on the delivery method for this year's OKAP results one day prior, at the EE meeting. A secure web-based portal from which PDs will be able to download test results and reports for distribution seems like a great solution to future delivery of OKAP test results.

This year, AUPO invited the PDC to submit topics for the Breakfast with Colleagues Symposium that occurred

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Program Directors Council Report
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on Friday, February 1, 2013. The symposium was very well attended. Topics included, “How Should I Wrestle the Next Accreditation System This Year?” by Dr. Arnold, “International Ophthalmology Experiences: How We Administer it at Our Program; How Does it Work at Yours?” by Dr. You-suf M. Khalifa, and “Real Concerns, Real Solutions: A New PD’s Perspective 1.5 Years In,” by Dr. Misha Syed.

On Saturday, February 2, 2013, Dr. Arnold chaired the annual Residency Review Committee (RRC) workshop. During this workshop, interactive discussions between the RRC and PDs helped prepare PDs for the changes relating to the Next Accreditation System. Aspects of resident quality improvement projects were outlined and a discussion regarding the resident survey, surgical minima and the imminent faculty survey occurred. The RRC requested the participation of PDs in completing a survey on current surgical minima to help pinpoint opinion on them. The survey was sent out by the PDC on the day of this meeting and it is working with the RRC in collecting this information.

Continued collaboration and communication between the PDC and SF Match allowed for a very smooth matching process this year. An update to the common ophthalmology application will be made this year. We thank Damien Joseph, Dennis Thomatos and Tim Losch for their responsiveness and attentiveness in continually improving the process.

Looking forward to AAO New Orleans in November 2013, Dr. Tara Uhler and I will chair “Faculty Development Modules: ‘Give Me Something to Make Me a Better Teacher!’” at the AUPO Teaching and Learning in Ophthalmology (TLO) Symposium. This symposium is a follow-up to last year’s well-attended symposium, “Crash Courses in Teaching: A Primer for Faculty Development,” that took place at the annual AAO meeting in Chicago. In this next symposium, we will try to reach a broader audience of ophthalmic educators and learners. The symposium is structured so that the participant selects and attends a few modules of interest from a series of scheduled topics. Presently, the topics are: Engaging Residents to Participate and Successfully Complete Research Projects; EQUIPP (Education, Quality Improvement, and Patient Care Projects) for Ophthalmology Training; Mentoring in Ophthalmology Training: Then, Now, Tomorrow; Just in Time – Electronic vs. Interpersonal Learning; The Aces in Promoting Professionalism in Training; iLearn: An Educational Experiment in Teaching Life-Long Learning; The ART of Giving Structured Feedback & the PEARLS to Build Relationships. The participants will

then gather in a single group for the Straatsma Award lecture and the symposium will close with a brief synopsis of all of the module topics for all of the attendees. We hope that this format helps you decide which content you want to focus on. Please encourage your associated PDs and faculty to attend, as there should be topics of interest for all.

The PDC is a group of ophthalmology residency program directors who are elected by their peers. Each year, a new member is elected by other PDs as the Past President rotates off the council. PDC members must have at least two years of experience as a program director, and be able to serve a seven-year term. Nominations for membership will be solicited in November, and I encourage anyone interested in this opportunity to submit your nomination at that time. Results of the most recent PDC election were announced. Congratulations to Dr. Bhavna P. Sheth, of the Medical College of Wisconsin, who was elected as the newest PDC member. We look forward to her ideas and contributions. She joins the other at-large members, Drs. Thomas A. Oetting, Laura L. Wayman and Shahzad I. Mian. After completing his term of service, Past-President Dr. Mark Juzych is rotating off the PDC. Many thanks to Dr. Juzych for his service. Effective April 1, Dr. Tara Uhler officially assumes the PDC presidency and Dr. Natalie C. Kerr becomes President–Elect. I, as immediate Past President, will be yachting on Coronado Bay, which is what I have been doing since the meeting.

The PDC is grateful for the support of the AUPO Board of Trustees and its Executive Vice President, Dr. Bartly Mondino. Special thanks go to Dr. Keith Carter, who serves as our liaison to the Board of Trustees. We owe tremendous gratitude to Lisa Brown, Stephen Moss, and Rebekah Stout for their kindness, professionalism, and insightfulness in organizing the AUPO PDC activities.

The PDC remains committed first and foremost to improving each program director’s ability to provide their programs and their residents with high quality educational experiences. The success of this endeavor depends directly on input from all ophthalmology program directors, and we solicit your continued participation. I am greatly indebted to all of the present and past PDC members for generously lending their time, talent, and energy to improving ophthalmic resident education. I thank you for allowing me to serve as president of the AUPO PDC. It is truly an honor and privilege to work with the AUPO, the PDC, the program directors and now the program coordinators, too. ■

The Educating the Educators and the Residency Program Directors activities were recorded and can be found on the AUPO website: www.aupo.org.

Medical Student Educators Council Update

BY LINDA S.M. LIPPA, MD

THE MEDICAL STUDENT EDUCATORS (MSEs) workshop held on Thursday, February 1, centered on the theme, "Teaching and Assessment in the Age of Healthcare Reform." Some 50 interested educators gathered to hear eight presentations on curricular innovations and educational assessment studies. Dr. Linda Lippa of UC Irvine reported the results of her longitudinal study of two successive third-year medical student classes, looking at the effects of proprioceptive reinforcement on pattern recognition in fundoscopic simulator skill performance. She found that it only had a positive impact on detection of disc edema. Dr. Lippa also explored the retention of online self-study knowledge in one class, finding that it decayed precipitously over a month's time.

Dr. Hilary Beaver of Weill Cornell-Methodist provided an update of a standardized Dreyfus model grading rubric for fundoscopic skills that she has been developing in conjunction with several other MSEs. Dr. Daniel Knoch of the University of Wisconsin demonstrated the effectiveness of assessing fundoscopic competence using videotaped student performance of optic nerve evaluations in paid standardized patients during the established neurosciences objective structured clinical examination (OSCE). Dr. Annapurna Singh of Case-Western spoke about her incorporation of a "Red Eye Jeopardy" game into her small group physical examination sessions while students' pupils were dilating. Her inspired approach not only engaged her students, who selected her for a teaching award, but also elicited the admiration of her MSE colleagues. Dr. Jamie Rosenberg of Albert Einstein presented a study establishing the positive effect of an inexpensive fundoscopic simulator on ophthalmoscopic skills acquisition in third-year students.

Dr. Carolyn Kloek of Harvard provided a summary of her progress on the development of a virtual patient ophthalmology curriculum, using the standard interactive platform in use at the medical school. She outlined a study for which she has just received Institutional Review Board (IRB) approval, to assess its effectiveness compared with the current curricular lecture format. Dr. Rukhsana Mirza of Northwestern Memorial presented the results of her ongoing studies on the use and efficacy of the FAK-I fundoscopic model on skill acquisition. The thoughtful questions and ideas which circulated during the discussion demonstrated the value of dedicated meeting time at AUPO. It provided members with the

opportunity to make contact with kindred spirit educators, a forum for scientific medical education scholarship, and a source of mentorship to stimulate ideas and mechanisms, both to further studies and foster enthusiasm for collaborations.

During the workshop, several issues came up that AUPO members need to be aware of. The MSE chief mission is to retain, and hopefully augment, ophthalmic content in the general medical school curriculum. Beyond the usual resistance we have come up against at our respective schools, our efforts are receiving increased pressure from the new healthcare act, and the needs of an enlarged and aging patient demographic coupled with an anticipated 90,000 physician workforce shortfall. The Association of American Medical Colleges (AAMC) is advocating an increased role for nurse practitioners, and is also considering an increase in MD throughput via compression of the medical school curriculum to three years, making degree obtainment competency-based, rather than time-based. To that end, there is a movement to extend the residency milestone model to the undergraduate medical education (UGME) level. At the 2012 meeting, I encountered astonishing resistance to the inclusion of ANY ophthalmic elements to these UGME milestones by those developing them.

More national advocacy is necessary. The AAMC Council of Academic Societies has just been expanded and renamed the Council of Faculty and Academic Societies (CFAS), with appointment of faculty from each medical school representing faculty interests in the AAMC. These representatives are to be appointed by an appointee of the dean, rather than directly by the dean. I strongly urge chairs to find out who that appointee is at your medical school, and to consider suggesting a member of your ophthalmology faculty represent your school in the AAMC.

Further, I suggest that ophthalmic MSEs be encouraged to attend the AAMC meeting when it is held on their home turf, even if only for a day (e.g. the Wednesday Medical Education research sessions). The next annual meeting of the AAMC will be held in Philadelphia from November 1-6, 2013.

We need to make sure that the core ophthalmic competencies, as they apply to the best practices of general medicine, are addressed in the curriculum milestones, so that red flags that warrant ophthalmic consultation are not missed. We appreciate whatever you can do to help us accomplish our mission. ■

Research Directors Meet to Enhance Communication and Effectiveness

BY J. MARK PETRASH, PHD

THE RESEARCH DIRECTORS ENJOYED a full program at AUPO’s 2013 Annual Meeting. Drs. David Calkins and Scott Cousins co-organized an outstanding program centered on faculty development. Participants included Drs. Randall Olson, David Epstein, Russell Van Gelder, Nicholas Volpe, and Paul Sternberg. Panelists and moderators engaged in a discussion of key topics associated with enhancing the development of clinician scientists and basic scientists in departments of ophthalmology. The issues discussed included faculty mentoring and the always important issue of supporting faculty through periods needed to start or renew research funding.

The Research Directors Council (RDC) also sponsored a Saturday morning workshop, “Non-Traditional Resources of Funding.” This excellent program featured guest speaker Dr. Matthew McMahon, Senior Advisor for Translational Research at the National Eye Institute (NEI). Dr. McMahon’s presentation covered the wide variety of National Institutes of Health (NIH) funding mechanisms targeted to translational

research. Dr. Randall Olson (Utah) gave an overview of the strategies used in his department to encourage translational research and nontraditional research funding. Dr. Mark Rosenblatt (Weill-Cornell), who organized the program, presented an overview of the trials and tribulations he went through while starting his biotech company.

The research directors held their business meeting and heard from Jason Woody, President and CEO of the Lions Eye Institute for Transplant & Research, on services being developed to support the vision research community. Program ideas for the 2014 Annual Meeting were discussed during the business portion of the working lunch.

The research directors also enjoyed a visit to the Shiley Eye Center to view the research laboratories and clinical research center and learn of plans for research programs under the direction of Drs. Robert Weinreb and Jeffrey Goldberg, chairman and research director, respectively. ■

Association of Ophthalmology Program Managers and Coordinators (AOPMC) Update

BY THE AOPMC EXECUTIVE COMMITTEE

RESIDENCY PROGRAM MANAGERS and Coordinators play an integral role in residency education. In light of their significant contributions to residency education, AUPO invited the Association of Ophthalmology Program Managers and Coordinators to hold its inaugural meeting at the 2013 AUPO Annual Meeting.

The guest speakers were Drs. Patricia Levenberg, Anthony Arnold, and Andreas Lauer. Dr. Levenberg provided an update on the Residency Review Committee (RRC). A Next Accreditation System (NAS) update was given by Dr. Arnold and an RRC panel, which helped everyone walk away with a better understanding of upcoming changes. Dr. Lauer discussed motivating and engaging residents.

The AOPMC founding members and Executive Committee are: Gale Marie Abbass (Louisiana State University – New Orleans), Susan Bony (Casey Eye Institute, Oregon Health & Science University), Phyllis Rhodes (University of Texas – Houston), Wendy Schnitzer (Krieger Eye Institute, Sinai Hospital), and Terri Trotter (Emory Eye Center, Emory University).

AOPMC is initiating the appointment of a board of directors and is working on establishing the duties, responsibilities, and governance of the association. A communications platform within the managers/coordinators group is being

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developed, and planning for the 2014 Annual Meeting is underway. Future topics include: an NAS update/RRC panel discussion, a session for new coordinators, best practices, and professional development.

We would like to thank the AUPO Board of Trustees for its support in making this inaugural meeting possible. Their official support of our role will enhance communication between programs, bring forth novel ideas, and ultimately benefit residency education in a positive way. ■

SUMMARY OF MANAGEMENT SYMPOSIUM 2013

Hospital-Based Practice – Is it Good for Ophthalmology?

BY KEITH D. CARTER, MD

THE MANAGEMENT SYMPOSIUM held on January 31st at the 2013 AUPO Annual Meeting focused on whether hospital-based practice is good for ophthalmology. Dr. David Quillen of Pennsylvania State University summarized the history of hospital-based practice and the requirements of establishing a hospital-based practice. Beginning in October 2002, you could voluntarily attest to this practice by satisfying the following requirements: operating under the same license, demonstrating clinical integration, demonstrating financial integration, ensuring public awareness, satisfying regulatory obligations, sharing the same legal and reporting structures, and being located within 35 miles of each site. It was stressed that this hospital-based designation only applied to governmental payers.

Hospital-based billing results in a shift from global billing to split billing. Advantages are an increase in total payment, consistent billing among practice sites and the ability to improve regulatory and compliance issues. Disadvantages were the possible higher out-of-pocket expenses for patients, reduction in professional reimbursements and allocation of revenue between the hospital and physician organizations.

Ricky Bass of the University of North Carolina (UNC) shared his experience with the hospital-based conversion. His example centered around moving ocular injections and pharmaceuticals to a hospital-based reimbursement system. One benefit was improved pharmacy pricing, which shifted some revenues to the hospital, but allowed the move of high full-time employee (FTE) costs to the hospital. Another advantage was one-time cash for the purchase of the department's capital by the hospital. Because of this arrangement, UNC is now moving all imaging and most ancillary tests to

a hospital-based system. Procedures and exams will remain physician-based.

Dr. Naresh Mandava of the University of Colorado shared his unique experience in that his department was able to share directly in the upside of their net revenues. He stressed the important benefit of clinical integration but also administrative integration to their success. An understanding of the hospital-based system is essential in future negotiations with your hospital in order to share in the upside of your department's work. He shared some of the benefits from his current relationship as a reinvestment of the margin for technology and equipment which enhanced the department's clinical activities. The benefits are the increased payments, greater financial stability in the environment of decreased reimbursements, centralized billing and coding resources, salary support for administrative leadership, and lower overhead with centralized hospital items such as electronic medical records and facilities. Some of the disadvantages were lack of autonomy, hospital policies that may derail some of your departmental goals, dual billing that confuses and upsets patients, and the possible higher deductible insurance plans with hospital-based practice.

He emphasized the importance of a joint governance structure. Departments should begin sharing financial risks with the hospital which can improve the accountability of your staff and physicians. Be aware of expenses being shifted back from the hospital to your department in the areas of additional FTEs for clinic support and equipment.

Dr. Stephen McLeod of the University of California, San Francisco gave tips on how to get your share in the margin

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Summary of Management Symposium 2013
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created with hospital-based billing. He stressed the importance of understanding the institution alignment goals and aligning yourself with these overall objectives. He also described different fund flow models which all shared ways to direct the flow of dollars to your units. He described three models: mission-based profit and loss, bottom-line split with administrative support, and production relative value units (RVU)-based administrative support. The important point was that no matter what fund flow model you choose, your fund flow driver needs to be considered in the individual compensation plans for the physician in order to get the critical buy-in of your faculty.

Robert LaFollette of Ohio State University talked about a hybrid system where part of the system was hospital-based management and the other was office-based management. The goal of this mixed hybrid was to retain a commercial patient mix to allow competition with the private sector. All of his clinical performance indices such as patient visits, net payments, patient satisfaction, work RVUs, and decreases in days of account receivables were all achieved in the hybrid system.

Dr. Joan O'Brien of the University of Pennsylvania described her environment in which she oversees ten sites,

four within two additional hospital-based practices and six in office-based practices. For the hospital-based, the hospital pays for her staff, equipment, overhead and space. In her system, Medicare, Medicaid, and indemnity Blue Shield were billed in the hospital-based methodology and all other insurers were based on the office-based global service basis. A benefit of this hybrid system is that it allows flexibility in which system to use based on location, test or services rendered, and the patient population being served. The important part of becoming a good partner in these systems is that you have to get involved in all of the influential committees at your institution. You have to demonstrate that you are contributing and willing to take a leadership role not only in support of your own department but also for the institution, as more institutions are rewarding global thinking versus silo thinking.

The symposium conclusion was that a hospital-based system is financially beneficial, but figuring out how you share in an increased revenue margin is the challenge. Suggestions for success were to get involved, participate in committees, align yourself with the institutional goals and show the value of your department in achieving the financial bottom line. ■

This session was recorded and can be found on the AUPO website: www.aupo.org.

President's Symposium 2013

BY RANDALL J OLSON, MD

THE PRESIDENT'S SYMPOSIUM, held on Friday, February 1, 2013, dealt with five significant issues confronting us at this time. These were as follows: (1) The Affordable Care Act, (2) New Reimbursement Trends, (3) Accountable Care Organizations, (4) Transparency, and (5) Maintaining Ophthalmology's Position in a World of Change.

Frank Cote of Blue Cross Blue Shield of Montana, who closely observed the evolution of the Affordable Care Act, was our special guest. Each issue was discussed by a panel of chairs who were able to report on their institutions' responses.

(1) Affordable Care Act: with the final bill incomplete when passed, this is a work in progress. Nonetheless, major change is upon us, and while we will see more insured patients, we will for the foreseeable future be asked to

do more with less reimbursement per unit of activity. It was interesting to hear the different responses across the country for this historic bill and the amazing number of unknowns we will face in 2014.

(2) Reimbursement Trends to Watch: while the Affordable Care Act is a significant event, there are also many reimbursement variations that are important in different regions. Probably the single most important is the balkanization of healthcare, where more and more patient referrals are going to be controlled by specific groups, as these groups begin taking risk contracts. We can also expect that there will be episodes of care where we will have to work more closely with all involved in a procedure or a single disease episode. We are going to see a

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variation of capitated care in Medical Care Homes+ contracts, with more and more emphasis on reimbursement for low technology care, in the attempt to keep patients out of hospitals.

- (3) Accountable Care Organizations (ACOs): a great summary of ACOs was presented in the Management Symposium. The discussion here focused on what is to be expected. The general conclusion is that the pilot projects have not saved any money, and the fact that they really can't control patient populations, as the law presently stands, will make it very hard to generate much savings. Many experts see ACOs as works in progress and stepping stones to something closer to capitated contracts. Fortunately, ophthalmology is a relatively unimportant player in this field, and we have some luxury in watching this evolve.
- (4) Transparency: ready or not, it is coming! The number of report cards that will be openly available to all insurance

companies, as well as all of our patients, is simply scary. We are already being rated by our patients on the internet and increasingly, a major aspect of any quality review is patient satisfaction. These kinds of report cards, although potentially unfair, will have a tremendous impact on what happens with us in the future. We need to watch this very carefully.

- (5) Maintaining Ophthalmology's Position in a World of Change: while everything coming at us can lead to paralysis, it is critical to focus on what we can impact. Much of the national agenda is beyond our control; therefore, we really need to focus on our costs and what we can do to become more efficient. Any quality metric will include patient satisfaction metrics. We need to take these seriously. If we keep our eyes focused on quality and satisfaction metrics, while working on efficiency and eliminating unnecessary costs, we should be okay as we move into the future. ■

This event was recorded and can be found on the AUPO website: www.aupo.org.

Breakfast with Colleagues Review

BY STEVEN E. FELDON, MD, MBA

THE SECOND ANNUAL “breakfast with colleagues” was attended by an enthusiastic group of participants, including chairs and associate members. The discussion about the new guidelines for residency accreditation, led by Dr. Anthony Arnold, drew the biggest crowd. We welcome new topic ideas for next year's meeting. Below is a summary of the discussions at each table:

Electronic Medical Records (EMR) – How to Get Efficiency, Productivity and Faculty Satisfaction – Dr. James McCulley, Moderator

Most participants were not yet on an EMR; the remainder had been on an EMR for a limited time. EPIC was the most common EMR being utilized. The required timelines to benefit or avoid penalty for Meaningful Use were discussed. For Phase I, the latest date for attestation for receipt of maximal payment is February 28, 2013.

The approaches to implementation were discussed – both a “big bang” and a phase in. “Big bang” is being forced upon some participants by their institutions. Super-user techs and

docs are critical to successful implementation. A chair or designee who commands respect must be intimately involved to lead faculty implementation. There was a discussion of how to get faculty buy-in and acceptance of a new approach to record-keeping. The drawing capabilities in the majority of systems and especially in EPIC were considered less than ideally mature.

Chair Retention Packages – What to Ask For? – Dr. Ronald Smith, Moderator

Key recommendations during this discussion included: have a completed written summary detailing progress on key missions and on financial status, have a well-prepared written summary of your plans for all missions over the next 3-5 years and of anticipated participation in medical school/center, and consult your financial planner to ascertain compensation relative to the Association of American Medical Colleges (AAMC) and region.

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Breakfast with Colleagues Review
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Ophthalmology's Role in Developing and Implementing Integrated Faculty Practice Plans

– Dr. Paul Lee, Moderator

Generally having multiple parties or organizations involved in key aspects of clinical practice and understanding the organizations and their relationships are keys to successfully running an ophthalmic practice. Each institution's organizational structure drives how best to integrate into overall practice plan. Partnership and affiliation opportunities differ relative to each of the entities in your practice environment; limited cross-applicability among institutions given differences.

Leadership matters greatly, especially in ability to work well with other organizations and their needs. High emotional quotient very important; true regardless of the structure one's practice is in.

Take advantage of opportunities and special expertise that you may have as chair to contribute to success of clinical practice and larger academic health sciences center.

International Ophthalmology Experiences: How We Administer it at Our Program. How Does it Work at Yours? – Dr. Yousuf Khalifa, Moderator

Types of experience: Program Letter of Agreement (PLA) with your institution; no Program Letter of Agreement with your institution; research rotations.

Is the experience worthwhile? Primary gain is understanding challenges for international healthcare delivery, though local service project may be better use of resources and be less disruptive to program.

Is the experience ethical? U.S. standards of care need to be maintained (e.g. preoperative evaluation, consent, and post-operative management).

What are the desired logistics? 2-4 weeks duration; departments/schools cover all fees, though may be problematic; disruption of rotation schedules.

What is the curriculum? highly variable: research, medical, surgical; institutions with PLAs in place have more structured experience.

Is Accreditation Council for Graduate Medical Education (ACGME) recognition necessary? ACGME allows international rotations; international surgical experience should not count toward ACGME surgical requirements.

Developing Successful Clinical Satellite Offices

– Dr. Nicholas Volpe, Moderator

Experiences at Penn and Northwestern were highlighted. Every academic medical center is unique in opportunities

based upon policies and geography. Satellite practices provide ophthalmology with unique opportunity to enhance relevance to an academic medical center. Identifying location, scope of practice, available resources within and outside a parent organization involves careful planning, including being data-driven and guided by sound business practices. Opportunities included “going to where the patients are,” expanding your footprint, producing a margin, and providing an opportunity for diverse faculty practice styles. Financial risks and conflicts with the academic mission also need consideration.

Real Concerns, Real Solutions: A New Program

Director's (PD's) Perspective

– Dr. Misha Syed, Moderator

Transitions include establishing an alliance with residents and developing a “team” (associate PD, coordinator). Work with chairs to develop the departmental education mission. Discussion about upcoming site visit management led to agreement to share information offline. Dealing with the millennial generation included need to modify how feedback is given and how to outline expectations.

Managing Under-Productive Faculty (Basic and Clinical) – Dr. David Epstein, Moderator

The important need for the chair to set the culture was shared. The values of peer pressure and transparent peer metrics were discussed. The value of mentoring inside and outside the department was reviewed along with the concept of “one faculty” with the same rules and incentives, and the importance of respect and insight. It was noted that clinician formulas should be in place to incentivize providers for every extra patient seen, and researchers need both philanthropy and critical review of whether scientific approach needs “retooling.” Disruptive behavior was briefly discussed.

Survival Skills for Small Departments

– Dr. Oscar Cruz, Moderator

Novel models to mentor junior faculty using colleagues in other specialties or at other medical centers were discussed. “Carrots” needed to attract and retain faculty were considered. Approaches for showcasing your department to attract the best resident applicants for your department were shared. Avoid burnout by protecting chair identity and time.

Fundraising Pearls Not Mentioned From a Podium

– Dr. Keith Carter, Moderator

The importance for the department to support the main missions of education, research, and clinical care was emphasized. Three areas should be addressed: need access to a

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Breakfast with Colleagues Review
continued from page 10

development team either through your Dean's office or if you are fortunate, through having one assigned to your department; assistance is key for identifying potential donor interest and for relationship building; decentralize your fundraising efforts and incorporate your faculty.

Arrange development presentations and seminars in order to train faculty in the art of fundraising so that faculty are able to establish relationships with their grateful patients beyond the level possible with any chair. Example: send grateful patient letters from personal physician about activities of the department instead of coming from the chair. Building relationships with potential donors is most important, as donors are constantly asked to give, but usually act based on a personal or family experience or a meaningful relationship. This takes time; be patient and enjoy the time with potential donors.

Marketing and Business Development for Academic Ophthalmology Programs
– Dr. Steven Feldon, Moderator

Types of marketing: retail such as refractive surgery, cosmetic

surgery or optical shop (requires media placement, importance of word of mouth); practice-to-practice (introducing faculty to eye practices in the community, identifying unique capabilities, e.g. KPro; tumor management); public relations (media coverage – now harder to get, medical center “news” placements).

Business development opportunities: optical shop enhances revenues (high margins) and patient satisfaction (one-stop shopping), avoid competing with referring optometry; refractive or cosmetic surgery (advertising and promotions needed); licensing intellectual property (need departmental champion and need ways to interface with technology transfer offices).

Customer service: delighting patients with environment, on-time service, access; concierge functions for donors and potential donors.

How Should I Wrestle the Next Accreditation System This Year? – Dr. Anthony Arnold, Moderator

Revised methods for annual data were presented. Residency Review Committee (RRC) will use annual data to review all programs on an annual basis. It was recommended that departments form Clinical Competency Committees and that departments review the “Milestones” document that will be posted on the ACGME website in the near future. ■

Special Interest Group on Ambulatory Surgery

BY RANDALL J OLSON, MD

ON THURSDAY, JANUARY 31, 2013, a standing-room-only crowd met to discuss operating room (OR) efficiency and safety. Dr. Eric Postel of Duke University deserves credit for launching this initiative. Ophthalmology is increasingly being criticized for its inability to generate a positive margin for hospitals; yet an inherent cause of this lack of margin is inbred inefficiency in hospital outpatient surgical units.

Many examples were discussed, highlighting ways in which these inefficiencies were clearly unacceptable – yet attempts to change the situation have proved fruitless. By a show of hands, the vast majority of attendants recognized this as a significant problem.

After some discussion, it was decided that AUPO would form an ad hoc Ambulatory Surgery Committee to launch an initiative for AUPO members. Mandates for this committee are:

1. Create a white paper outlining the problem as soon as possible, for use as a tool to improve the status quo.
2. Create benchmarks so that individual programs can see where they are in comparison to others, and for metrics to aid in planning improvements.
3. Look at best practices, both inside and outside of academia, so that we understand what makes them successful and where changes are needed.
4. Enhance mentorship. Programs should be in alignment, to improve overall OR efficiency.
5. Advocacy. We must make sure we work with other organizations to ensure that our burden of teaching and other responsibilities are taken into consideration in regards to reimbursement, particularly at the federal level.

We see this as a major initiative for the future and are very thankful for all who participated and took part in this meeting. ■

2013 AUPO/RPB Resident and Fellow Research Forum

BY OSCAR A. CRUZ, MD

THE 14TH ANNUAL AUPO Resident and Fellow Research Forum, sponsored by Research To Prevent Blindness (RPB), was held on Friday, February 1, 2013. This forum's goal is to help nurture and recognize developing clinician scientists – a goal that is critical to the future of all ophthalmology departments. This forum is made possible by the faithful and continued support of RPB and owes its formation and mentoring to Dr. Stuart Fine.

This year, 40 abstracts were reviewed by a panel that included Drs. Donald L. Budenz, Stephen Christiansen, Timothy W. Olsen, Elias I. Traboulsi, and Nicholas J. Volpe. The mean score for each abstract was calculated and the top four were chosen as awardees.

The awardees were:

Derick Garey Holt, MD, PhD – University of Utah School of Medicine

Jared E. Knickelbein, MD, PhD – University of Pittsburgh School of Medicine

Aaron Lee, MD – Washington University School of Medicine, St. Louis

Yannis Paulus, MD – Stanford University School of Medicine

Derick Garey Holt, MD, PhD – University of Utah School of Medicine

Raver2 Preserves Corneal Avascularity by Regulating mRNA Processing of the VEGF Decoy Receptors sFlt1

Dr. Holt presented a study on corneal neovascularization and identified the first biological role for Raver2, an endogenous nuclear regulatory protein as essential to maintaining corneal avascularity. Dr. Jonathan Lass (Case Western Reserve University School of Medicine) discussed this study and introduced the idea that Raver2 could be a therapeutic target for diseases of angiogenic balance.

Jared E. Knickelbein, MD, PhD – University of Pittsburgh School of Medicine

Mechanisms of Accelerated Corneal Graft Rejection in HSV-Infected Hosts

Dr. Knickelbein presented the mechanisms of accelerated corneal graft rejection in the setting of previous HSV corneal infection. He concluded that prophylactic anti-viral

therapy as well as MHC-matching of corneal grafts in the setting of previous HSV-1 infection might provide beneficial in decreasing the rates of sight-threatening rejection. This paper was discussed by Dr. John Sutphin (University of Kansas Medical Center School of Medicine).

Aaron Lee, MD – Washington University School of Medicine, St. Louis

Deep Sequencing Techniques in Infectious Endophthalmitis

Dr. Aaron Lee investigated the presence of pathogens in culture positive and negative infectious endophthalmitis using deep DNA sequencing techniques, a method the lab developed called biome representational in silico karyotyping (BRISK). Discussion by Dr. Don Budenz (University of North Carolina) focused on the author's postulation that Torque Teno Virus (TTV) viral particles may be part of the causative pathway of bacterial endophthalmitis.

Yannis M. Paulus, MD – Stanford University School of Medicine

Oral Niacin as a Treatment for Retinal Vein Occlusions

The research forum concluded with a presentation by Dr. Yannis Paulus on oral niacin as a treatment for retinal vein occlusions. Dr. Paulus presented evidence that oral niacin-induced phaso-dilation in retinal vascular occlusions could accelerate collateral shunt vessel formation and thereby improve visual acuity, decrease macular edema, and reduce the incidence of neovascularization. Dr. Daniel Martin (Cole Eye Institute, Cleveland Clinic) then discussed a potential adjunctive treatment trial with niacin added to a single anti-VEGF injection.

Another symposium is planned for the 48th Annual AUPO Meeting in Miami. Residents and Fellows are urged to submit abstracts from their departments. Research content should reflect ongoing or very recent research that has not yet been published or accepted for publication at the time of submission. Submission is open to residents, fellows, and medical students doing a full year of research. Abstracts need to specify the percentage of "hands-on" effort by the trainee. Members interested in serving on the review panel or as a discussant at next year's forum should contact AUPO. ■

AUPO Business Meeting Highlights February 1, 2013

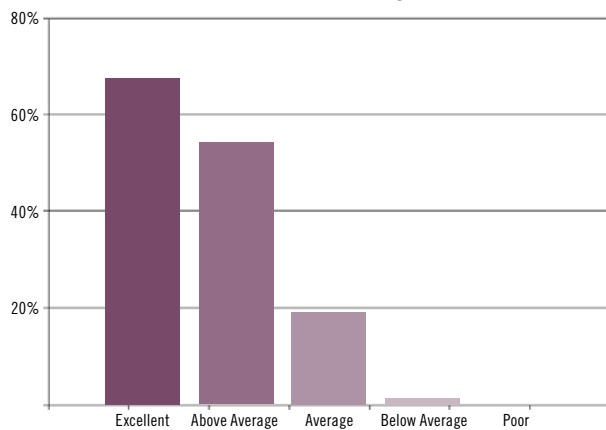
- Elected Steven Feldon, MD as President for the term April 1, 2013 – March 31, 2014.
- Elected Eduard Alfonso, MD as President-Elect for the term April 1, 2013 – March 31, 2014.
- Elected Paul Sternberg, MD as Trustee-at-Large with a term beginning April 1, 2014.
- Confirmed the election of Russell Van Gelder, MD at the 2012 business meeting as Trustee-at-Large for a term beginning April 1, 2013.
- Announced the formation of an ad hoc AUPO Ambulatory Surgery Center Committee to look into core issues affecting operating room safety and efficiency.
- Reminded members that the 2012 Compensation Survey results are available for purchase.
- Shared that the next UCLA/AUPO Introduction to Clinical Research Course for residents, fellows and faculty is scheduled for September 20-23, 2013 in Los Angeles.
- Announced the availability of the Mentoring Program for New Chairs and encouraged new members to contact the EVP office for more information.

AUPO Board Meeting Highlights January 30, 2013

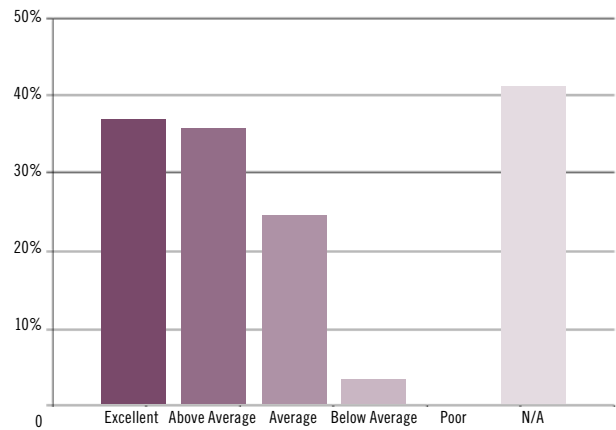
- Designated Honorary Membership for Ms. Diane Swift, Chairman of Research to Prevent Blindness.
- Reconfirmed its approval of a modest dues increase for Members (Chairs) only for this fiscal year.
- Approved a modest increase in fellow applicant fees for the Central Application Service.
- Proposed a Bylaws revision to clarify that there is a limit of one member or associate member per institution for each category.
- Reviewed a proposal from the American Association for Eye & Ear Centers of Excellence (AAECEE) for Affiliate Membership for AUPO member institutions.
- Considered potential symposia topics for the 2014 Annual Meeting.
- Met with Dr. Paul Sieving, Director of the National Eye Institute.
- Reviewed and revised policies related to the Match and AUPO.

2013 Annual Meeting Attendee Satisfaction

1. Your overall evaluation of this AUPO Annual Meeting:



2. How did this meeting compare to previous AUPO meetings you have attended?



Save
the
Date!

2014 AUPO Annual Meeting

January 29 – February 1, 2014

Doral Golf Resort & Spa Miami, Miami, Florida

AUPO Annual Meeting 2013



Randall Olson, AUPO President



President, Randall Olson and
President-Elect, Steven Feldon



Resident & Fellow Research Forum: Back row from left: Oscar Cruz,
Diane Swift, Brian Hofland; Front row from left: Aaron Lee, Derick
Garey Holt, Jared Knickelbein, Yannis Paulus.

Banquet attendees





Left to right: David Parke with Ronald Smith and David Pyott



AUPO Board of Trustees –
Back row from left: Steven Feldon, Keith Carter, Bartly Mondino, Oscar Cruz and Eduardo Alfonso; Front row from left: David Epstein, Randall Olson, Julia Haller

From left: Nancy Keltner, John Keltner, Mark Mannis, Ronald Smith and Alfredo Sadun



AAMC Annual Meeting Report

BY STUART L. FINE, MD

THE 2012 ANNUAL MEETING of the Association of American Medical Colleges (AAMC) was held in San Francisco from November 2–7, 2012. Headquartered in Washington, DC, the AAMC represents and works on behalf of the 140 medical schools and their affiliated teaching hospitals. This organization is the voice of academic medicine in Congress and with the Administration. Meeting attendees, numbering more than 4000, included medical school deans, vice-deans, associate deans, assistant deans, other medical school staff involved in education and research, and leaders of teaching hospitals across the U.S.

The theme of this year's meeting was "The Innovation Arc," and each of the invited speakers addressed an aspect of innovation that is relevant to healthcare delivery and financing, which is relevant to the practice of ophthalmology and to the education of our residents and students.

Marc Laret, CEO of the University of California San Francisco (UCSF) Medical Center and outgoing chair of the AAMC Board of Directors, spoke on "Thinking Differently about Academic Medicine." Having engineered a financial turnaround at UCSF some years ago, Laret spoke to the likelihood of major reductions in funding for patient care, graduate medical education, and research. Quoting Mayor Rahm Emanuel of Chicago, "Never let a good crisis go to waste," Laret described the "problem-tunities" with which we must deal. Quoting Edison, he remarked, "Opportunity is missed by most people because it is dressed in overalls and looks like work!" What academic medicine shares with successful visionary companies is a set of core values which must never change. But the culture of the "company" and the operating strategies must change to meet the exigencies before us. Laret cautioned that there is always political risk in those driving change, but concluded that we have no choice, because with respect to healthcare, the American public is demanding more care, and higher quality care (with accountability), all at a lower cost. Laret's closing remarks were a series of thought-provoking questions that challenged some "sacred cows" in medical education and medical center operations:

- In an age where we reward competency rather than years of service, why must all medical students remain for four years and why must residencies be of the same duration for all trainees?

- Why do academic promotion committees emphasize ROIs when academic medicine needs to attract faculty who are excellent physicians and inspiring teachers?
- Why do search committees take so long, and why do they often choose someone with stellar academic credentials but zero business or managerial experience, when the job description is leading a multi-million dollar department with hundreds of faculty and staff?

The presidential address was delivered by Dr. Darrell Kirch, president and CEO of the AAMC. His talk was entitled, "From Moses to Multipliers – the New Leaders of Academic Medicine." It's worth noting that Kirch and Laret both spoke two days before the presidential election. Kirch reminded the audience that for months, Washington had been in a state of "suspended animation," waiting to see who would be president for the next four years, the "Moses" who would point the way to solving all of our nation's fiscal and other problems. In academic medical centers, schools and departments are often in suspended animation during a search, waiting for the next "Moses" to be identified, recruited, and anointed. Kirch argued that the new leadership model is not a "Moses" but rather, a "Multiplier." Borrowing from a recent publication, *Multipliers* by Liz Wiseman, multipliers are leaders who make everyone around them smarter. They bring out the best in their staff and invoke each person's unique intelligence and ability to contribute. Multipliers do not think that they have all the answers; they believe that their colleagues, collectively, likely have better solutions and they provide an opportunity for their colleagues to show what they can offer. Kirch stated that our medical schools and teaching hospitals employ two million people - including 130,000 faculty - and that this cadre undoubtedly includes many with the potential to become multipliers. To foster this leadership potential, the AAMC offers leadership development programs for deans, interim deans, and aspiring deans. These programs currently serve hundreds each year; however, the AAMC is developing online programs in leadership development which it hopes will reach thousands.

The keynote address was delivered by Walter Isaacson, renowned biographer (Franklin, Einstein, Jobs), former editor of TIME, former chairman and CEO of CNN, and currently President and CEO of the Aspen Institute. Isaacson's

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title was, “From Einstein to Jobs – Creativity, Leadership, and Change.” In 2003, Jobs asked (and authorized) Isaacson to write his biography. Published in 2012, the bio was based on more than 40 interviews with Jobs and on about 100 interviews with family, friends, colleagues, and competitors.

Jobs thought that being innovative was more important than being smart. He thought and worked at the intersection of imagination and science and encouraged his colleagues and co-workers to “think different.” He once remarked, “The people who are crazy enough to think that they can change the world are the ones that do.” Isaacson provided several anecdotes which illustrate how Jobs was able, through sheer force of personality, to get people to “think different” and to accomplish some tasks that they had said repeatedly was impossible. When Jobs decided, for example, that a type of glass known as Gorilla Glass was what was needed for the iPhone he was about to launch, he met with the CEO of Corning Glass. He asked for a ton of Gorilla Glass to be delivered by a date not far in the future. The CEO allegedly responded that Gorilla Glass was merely a concept on the Corning drawing board, and had not actually been manufactured; therefore, it would be impossible to meet Jobs’ request. As the story is told, Jobs just stared at the CEO for an interminable period of time and eventually said, “You can do it.” And sure enough, he did!

Like Jobs, Einstein and Franklin were also great innovators. The subjects of Einstein’s great contributions to general and special relativity are well known. Franklin, 40 years older than most of the Founding Fathers, was also a multiplier, helping many of our founders, including Adams, Jefferson, and Madison, work collaboratively in penning the Declaration of Independence, the Articles of Confederation, and the Constitution. A little-known fact is that at age 17, during a transatlantic voyage, he discovered the Gulf Stream by measuring the temperature of the ocean water at regular intervals.

Dr. Eric Topol, cardiologist, genetic researcher, and Director of the Scripps Translational and Science Institute, is the author of *The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Healthcare*. He described how digital technology can be used to tear down and rebuild the practice of medicine for a stronger focus on the patient. In documenting how rapidly digital technology has overtaken our lives and our work, he mentioned that the first iPod was introduced in 2001 and that Facebook, started in 2004, now has 1 billion registrants. Presently, patients with all varieties of illness now share personal medical information via

online health communities. Despite this practice, only 11% of physicians surveyed are aware of the existence of these health communities.

Documenting his thesis about the shift from print to digital as a way of getting information, Topol showed a photograph of the famed Welch Medical Library at Johns Hopkins where he had spent many joyful hours during his three-year cardiology fellowship. Because of severely diminished use, there is now an ongoing discussion about closing or transforming the library. Technology now on the market or awaiting approval include apps to remind patients when to take medications, apps to measure blood sugar transcutaneously to help people make better choices about foods they’re about to eat, and a two-dollar attachment for smartphones that can determine refractive error and write a prescription. Despite practicing as a cardiologist, Topol mentioned that he hasn’t used a stethoscope to listen to the heart for 18 months. Instead, he uses an echocard which provides a B scan image of the heart valves and ventricles in real time. In a provocative statement, he predicted that machines and algorithms may replace 80% of physicians and that, in the future, going to a doctor’s office may be like going to a video shop! Topol also spoke about how personal genomics and pharmacogenetics will be used to predict an individual’s risk of disease and response or non-response to a particular treatment. Apparently, it is now possible to identify in advance the roughly 25% of people who will not respond to Plavix anticoagulant therapy and who therefore may be at risk of clotting a stent after bypass surgery. Such testing should become routine.

Salman (Sal) Khan was another featured speaker in the plenary session. Founder of the Khan Academy, Khan has been credited with revolutionizing education by making it simple and free. What began as a simple attempt to help a family member has morphed into an enterprise that now offers more than 3200 instructional videos and has been viewed by more than 41 million visitors to the Khan Academy website. The Academy’s mission is a free, world-class education to anyone, anywhere. Just as Mark Laret questioned why medical students and residents should not progress at different paces according to their level of achievement, Khan asks why students at all levels—especially in primary grades—should progress not according to the curriculum schedule but according to whether they have mastered the material. By allowing students to watch instructional videos repeatedly, as necessary, and to remediate whenever necessary, classroom time can be used for answering questions and for exploring issues in greater depth.

Khan implied that his methods may be applicable to all

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AAMC Annual Meeting Report
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levels of education. The success of the Khan Academy, worldwide, makes it difficult to challenge his thesis. I believe, however, that his methods may be more appropriate for K-12 students rather than for graduate or medical students. Students in medical school are all academic achievers, highly-motivated, determined, and focused on their goals, and they know how to learn and where to go for help. Moreover, many professors do assign reading and distribute handouts in advance so that classroom time can be used for discussion rather than exclusively for lecturing.

In closing, ophthalmologists have been criticized by some

colleagues for having moved outside of mainstream medicine. We were among the first to deliver care on a largely outpatient basis, we were among the first to perform most of our procedures in surgicenters, and many of us were not as engaged as we could have been in hospital and medical school affairs. Anticipating that the envelope of support for patient care, graduate medical education, and medical research may be diminishing or growing at a slower rate, it is incumbent that we have a seat at the table — lest decisions that affect us and our patients be made without our approval or even our input. As a profession, we have adopted many practice efficiencies, including the deployment of ancillary staff that we should share with our medical colleagues. Our future must be one of innovation and greater collaboration. ■

8th Annual Heed Foundation Residents Retreat

October 24-25, 2013, Intercontinental O'Hare, Chicago, Illinois

THE HEED OPHTHALMIC FOUNDATION and the American Ophthalmological Society will co-sponsor the 8th annual Heed Foundation Residents Retreat on October 24-25, 2013 at the Intercontinental O'Hare, a property 10 minutes by shuttle from O'Hare International Airport.

Twenty-five to 30 residents nominated by their department chairs and residency program directors and 20 to 25 faculty including recent K-awardees, mid-career and senior faculty will gather for two half days to discuss careers in academic ophthalmology.

During the informal sessions, residents will mingle with academic ophthalmologists just a few years their senior to learn about how young faculty members made the transition from trainee to academic faculty.

Department chairs and residency program directors are encouraged to nominate one or two first- or second-year residents from their programs who have the talent and desire to pursue a career in academic ophthalmology. The application consists of:

- a letter of recommendation from the department chair
- the resident's biosketch (NIH style or narrative format)
- a personal statement from the resident

Seven hard copies of the application, *each collated* with paper clips, not stapled, should be submitted to Stuart L. Fine at the address listed below:

Stuart L. Fine, MD
42 Wader
Carbondale, Colorado 81623

After careful review, nominees will be selected by the Board of Directors of the Heed Ophthalmic Foundation. Nominees, their chairs, and their program directors will be notified in June 2013. Nominations may be submitted at any time from now through April 5, 2013.

The Heed Ophthalmic Foundation is grateful to the AUPO chairs and residency program directors for their continuing support of the Heed Foundation Residents Retreat. ■

AUPO Chair Mentoring Program

The Board of Trustees of AUPO has established a chair-mentoring program for chairs or about-to-be chairs. Mentoring is an important element in the academic way of life and is currently mandated in many universities. A mentor provides his or her mentee with advice, guidance, perspective, wisdom, counsel and perhaps even inspiration. Chairs and about-to-be chairs are invited to participate in AUPO's Chair Mentoring Program. Participation should last approximately two years for each mentee. Mentors include retired chairs who have been presidents of AUPO. If you are interested in having a mentor, please contact Sara Nguyen at snguyen@jsei.ucla.edu.



**Association of University of Professors of Ophthalmology
Fellowship Compliance Committee
AUPO FCC**



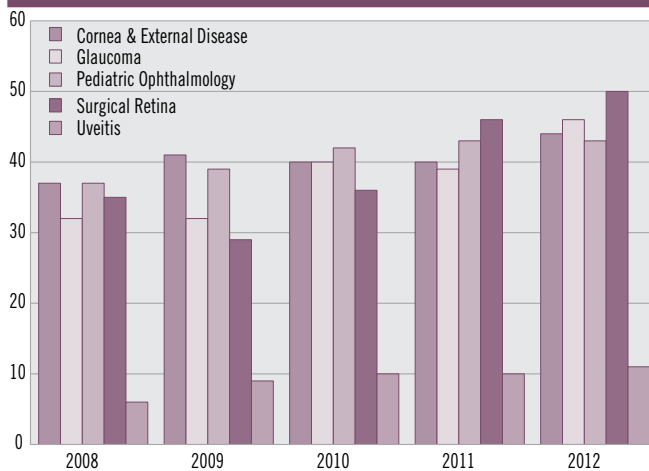
THE AUPO FCC WILL ENTER ITS 8TH YEAR on May 1, 2012. The AUPO FCC compliance process is currently the best mechanism for a fellow applicant to be assured that their potential program meets all educational requirements set by their subspecialty. AUPO FCC offers educational standards; protection of institutions, the public, and trainees; and accountability and enforcement. All AUPO FCC participating programs are encouraged to maintain their compliant status by checking in with their current fellows. Please review the status of your fellows' logs periodically; whether it is their surgical or procedure log, you can ask them for a copy to review. To maintain compliance it is important that you confirm your program is meeting the minimum program requirements as outlined with your subspecialty society and the AUPO FCC.

New applications are now being accepted online at <http://www.aupofcc.org/fellowships>; click on your subspecialty and review the subspecialty program requirements. The deadline to apply is May 1, 2013 for the 2013/2014 academic year. All eligible programs must meet the minimum requirements of the subspecialty to qualify for AUPO FCC compliant status. Please let your residents know about the AUPO FCC process!

For more information, visit www.aupofcc.org or send an email to aupofcc@aao.org.

The Fellowship Match took place in December 2012. The statistics reveal that the number of applicants that apply to AUPO FCC compliant programs continues to increase from previous years. 2011 marked the first year that the number of matched positions to AUPO FCC compliant programs exceeded the number of positions matched to non-AUPO FCC compliant programs and this trend continued into 2012. This trend indicates that fellowship applicants are realizing the value of being in a compliant program.

AUPO FCC Increased Program Participation in the SF Match Process



	2008	2009	2010	2011	2012
Cornea & External Disease	37	41	40	40	44
Glaucoma	32	32	40	39	46
Pediatric Ophthalmology	37	39	42	43	43
Surgical Retina	35	29	36	46	50
Uveitis	6	9	10	10	11

December 2012 Fellowship Match Statistics

Cornea & External Disease	AUPO FCC	Non-AUPO FCC	Totals
Total # of participating programs	44	10	54
Total # of positions offered	70	13	83
Total # of positions filled	68	10	78
Total # of vacancies	2	3	5
Glaucoma	AUPO FCC	Non-AUPO FCC	Totals
Total # of participating programs	46	5	51
Total # of positions offered	59	6	65
Total # of positions filled	59	6	65
Total # of vacancies	0	0	0
Pediatric Ophthalmology	AUPO FCC	Non-AUPO FCC	Totals
Total # of participating programs	43	0	43
Total # of positions offered	60	0	60
Total # of positions filled	47	0	47
Total # of vacancies	13	0	13
Retina	AUPO FCC	Non-AUPO FCC	Totals
Total # of participating programs	50	38	88
Total # of positions offered	68	53	121
Total # of positions filled	68	40	108
Total # of vacancies	0	13	13
Uveitis	AUPO FCC	Non-AUPO FCC	Totals
Total # of participating programs	11	0	11
Total # of positions offered	14	0	14
Total # of positions filled	10	0	10
Total # of vacancies	4	0	4



Ophthalmology Residency Match

Sponsored by Association of University of Professors of Ophthalmology

655 Beach Street, San Francisco CA 94109 ■ www.sfmach.org ■ Phone: 415.447.0350 ■ Fax: 415.561.8535

Ophthalmology Residency Match Report – January 2013 – Comparative Statistics

	Jan '03	Jan '04	Jan '05	Jan '06	Jan '07	Jan '08	Jan '09	Jan '10	Jan '11	Jan '12	Jan '13
Total # of registrations	922	887	839	824	855	869	866	823	823	784	751
Total # of CAS participants	800	786	761	743	792	789	767	728	746	711	683
Total # of rank lists	650	639	596	620	648	639	654	630	622	595	583
Total # of applicants ranked	629	630	608	609	642	629	645	620	608	579	553
Matched applicants:											
■ <i>US Seniors</i>	365	369	374	382	399	394	419	415	405	411	402
■ <i>US Grads</i>	40	34	35	38	25	27	24	13	26	26	33
■ <i>IMGs</i>	29	35	34	26	25	32	15	28	27	21	20
Total Matched:	434	438	443	446	449	453	458	456	458	458	455
Unmatched applicants:											
	216	201	153	174	199	186	196	174	164	137	128
Pct. Matching:											
<i>Overall</i>	67%	69%	74%	72%	69%	71%	70%	73%	74%	77%	78%
■ <i>US Seniors</i>	84%	84%	84%	86%	89%	87%	92%	91%	88%	90%	89%
■ <i>US Grads</i>	9%	8%	8%	9%	6%	6%	5%	3%	6%	6%	7%
■ <i>IMGs</i>	7%	8%	8%	6%	6%	7%	3%	6%	6%	4%	4%
Positions:											
■ <i>Offered</i>	438	442	445	447	450	454	459	458	461	461	460
■ <i>Filled</i>	434	438	443	446	449	453	458	456	458	458	455
■ <i>Left</i>	4	4	2	1	1	1	1	2	3	3	5
Avg. USMLE Step 1:											
■ <i>Matched</i>	228	228	229	230	231	232	235	236	237	238	239
■ <i>Unmatched</i>	208	218	213	215	215	212	212	210	214	220	222
Avg. applications per applicant	38	41	43	45	47	48	50	53	52	53	58
Avg. # offers per applicant	3.9	4.0	4.4	4.4	4.0	4.4	4.2	4.3	4.4	4.7	4.7

AUPO – NEW MEMBER UPDATES

CHAIR

Bates, James	Akron, OH	Summa Health System/Akron City Hospital
Fleming, James	Memphis, TN	University of Tennessee
Johnson, Daniel	San Antonio, TX	University of Texas Health Science Center
Kaplan, Bruce	Chicago, IL	Rosalind Franklin University of Medicine and Science
Patrianakos, Thomas	Chicago, IL	John H. Stroger, Jr. Hospital of Cook County
Varma, Rohit	Chicago, IL	University of Illinois at Chicago

PROGRAM DIRECTOR

Fredrick, Douglas	Palo Alto, CA	Stanford University School of Medicine
Sun, Grace	New York, NY	Weill Cornell Medical College

MEDICAL STUDENT EDUCATOR

Armour, Rebecca	Portland, OR	Oregon Health and Science University
Goyal, Anju	Detroit, MI	Wayne State University School of Medicine
McClelland, Collin	Saint Louis, MO	Washington University School of Medicine
Nguyen, Quan Dong	Baltimore, MD	Johns Hopkins University School of Medicine

RESEARCH DIRECTOR

Chiang, Michael	Portland, OR	Oregon Health and Science University
Fliesler, Steven	Buffalo, NY	State University of New York at Buffalo
Lukasiewicz, Peter	Saint Louis, MO	Washington University School of Medicine

THINGS YOU SHOULD KNOW

Compensation Survey

The results of the new AUPO compensation survey are now available. This comprehensive survey of the compensation levels paid to ophthalmologists, PhDs and optometrists in member organizations represents data from seventy-two organizations across the U.S., compared to fifty-four participating member organizations for the survey conducted in 2006. An added feature to this year's report is a comparison of 2006 v. 2012 compensation and productivity data. To accomplish this task, AUPO retained the services of Sullivan, Cotter, and Associates, Inc., a healthcare human resources management consulting firm with expertise in conducting physician compensation surveys.

New this year, we are offering members the option to receive the survey in both print **and** password-protected pdf format at no additional charge. The price for members who participated in the survey is \$300. The price to members who did not participate in this survey is \$1,500. Please note that 8.5% sales tax will be added to purchases by California residents and \$15.00 postage will be added per printed copy purchase that does not include the purchaser's Federal Express account information.

To purchase the report, please contact the AUPO office for an order form. AUPO requires the signature of the Department Chair as confirmation of knowledge of the request for the report and agreement to maintain confidentiality. Payment may be made by check, VISA, or MasterCard. Please allow up to two weeks for delivery of the printed format.

Dues News

Don't Forget to Pay Your Dues! According to the AUPO Bylaws, membership dues are considered delinquent after June 30th, which coincides with the end of the AUPO dues period. Not sure if your dues have been paid? Please login to the My Profile section of the AUPO website or contact Stephen Moss (smoss@aao.org) to confirm your current status. Renewing AUPO Members and Associate Members may pay dues using either a Visa, MasterCard, or check. Online dues renewal is encouraged! To pay online login to My Profile located on the Membership page of the AUPO website. Please contact the AUPO office at 415-561-8548 if you need to reset your username and/or password.

Associate Members

Medical Student Educators and Research Directors are invited to join AUPO as Associate Members. Information about the activities of the Medical Student Educators Council can be found on their dedicated website, www.aupomse.org. Please call the AUPO office at 415-561-8548 for an application. Encourage your Medical Student Educator and Research Director to get involved with this growing part of our membership!

University Administrators of Ophthalmology (UAO)

According to the UAO Bylaws, membership dues are payable by January 1 of each year. A \$25 late fee must accompany payments made after January 1. Members who pay their dues by December 31 qualify for the member's reduced registration rate for the following annual meeting. UAO dues payments should be made by check to the UAO Treasurer and payable to UAO. UAO is not able to accept credit card payments. A membership renewal form and a new member application form can be located on the AUPO web site: <http://www.aupo.org/about/uao.html> UAO dues payments should be mailed to:

Larry McGranahan
UAO Membership
University of Iowa Hospitals
Ophthalmology and Visual Sciences
200 Hawkins Drive 11136 PFP
Iowa City, IA 52242-1091

Member Directory

The 2013-2014 edition of the AUPO/UAO Member Directory will be mailed in September. Members can expect to receive a request for updates via email in May. You may also submit directory updates at any time by sending an email to Stephen Moss (smoss@aao.org). The deadline for receiving updates for inclusion in the 2013-2014 issue is July 15th. As always, the accuracy of the directory is dependent upon information supplied by the membership. Keep AUPO and UAO informed!



ASSOCIATION OF
UNIVERSITY PROFESSORS
OF OPHTHALMOLOGY



AMERICAN ACADEMY
OF OPHTHALMOLOGY
The Eye M.D. Association

Straatsma Award for Excellence in Resident Education CALL FOR NOMINEES

Description of the Award:

The Straatsma Award for Excellence in Resident Education (the "Straatsma Award") was established through the generosity of the American Academy of Ophthalmology (AAO), the Association of University Professors of Ophthalmology (AUPO) and private funds to recognize and celebrate an outstanding program director in ophthalmology. The award carries the name and honors the accomplishments of Bradley R. Straatsma, MD, JD, former chairman of the Department of Ophthalmology at UCLA and former director of the Jules Stein Eye Institute. The award will be presented annually at the annual meetings of both AAO and AUPO, and will carry a cash prize.

Criteria for Nomination:

Nominees for the Straatsma Award must fulfill the following criteria:

- Be an Associate Member of AUPO and a Member or Fellow of AAO
- Have served as a program director at an ACGME-accredited AUPO member program for a minimum of 3 years
- Currently serve as a program director
- Embody the qualities of:
 - Commitment to resident education
 - Dedication to the residency training process
 - Active engagement in program leadership
 - Innovation in and/or advancement of residency education at the local and/or national level
- Be the consummate teacher/mentor/advisor

Special consideration in the selection process will be given:

- In recognition of current activities, not simply to length of service or to contributions made many years previously
- To nominees who have published in peer-reviewed literature on subjects related to residency education
- To innovative work
- To those who have achieved a leadership role in medical education
- To achievement in mentoring other educators/future educators

Nomination Process:

- Candidates must be nominated by their department chair
- The application packet must include the following items:
 - A letter (not to exceed three pages) from the chair summarizing the nominee's special qualifications for the Award and verifying that, if awarded (10 pt. font or greater)
 - The cash prize will be awarded directly to the awardee and not counted against normal compensation or deposited in department accounts
 - The awardee will attend the annual meetings of both AAO and AUPO to receive the Award
 - Two supporting letters (each not to exceed two pages) from faculty, current residents, or past residents who trained under the nominee (10 pt. font or greater)
 - A copy of the nominee's current curriculum vitae (10 pt. font or greater)
 - A signed letter from the nominee (not to exceed two pages) summarizing the nominee's accomplishments as program director and plans for future activities. The nominee must also agree in the letter to address the Program Directors' Meeting at the AAO and AUPO annual meetings on topics related to residency training if chosen as the awardee (10 pt. font or greater)
- The completed application packet must be compiled by the department chair and received by the AUPO office by **Wednesday, May 1, 2013**:
 - at: AUPO, P.O. Box 193030, San Francisco, CA 94119
 - or: AUPO, 655 Beach Street, San Francisco, CA 94109
- All completed applications will be reviewed by a selection committee and a recommendation forwarded to the AUPO Board of Trustees for approval and subsequently to the AAO Senior Secretary for Education for approval.
- The awardee will be notified by July 1, 2013.

UCLA/AUPO INTRODUCTION TO CLINICAL RESEARCH COURSE FOR OPHTHALMOLOGY RESIDENTS, FELLOWS, AND FACULTY

**Fourth Biennial Course
Friday-Sunday, September 20-22, 2013**

Organized by

**The Jules Stein Eye Institute
David Geffen School of Medicine at UCLA**

and

**The Department of Biostatistics
UCLA-Fielding School of Public Health**

in collaboration with

The Association of University Professors of Ophthalmology

endorsed by

The Association for Research in Vision and Ophthalmology

This entry-level course is designed for ophthalmology residents and clinical fellows, but is appropriate for junior faculty and program directors, as well. It provides a comprehensive overview of issues pertaining to patient-based research, such as study design, pitfalls in data analysis, and interpretation of statistical tests. A variety of related topics will include strategies for effective literature searches, IRB submissions, manuscript preparation, conflicts of interest, and responsibilities of authors. The course will benefit not only future investigators, but will also improve a person's ability to read the medical literature critically.

The course will include new features based on feedback from participants of the three previous, highly successful courses. The format will again include lectures, panel discussions, question and answer sessions, and small group workshops. There will be ample time for informal interaction with faculty. The course will be conducted at the Jules Stein Eye Institute on the UCLA campus.

Registration fees will be waived for residents, clinical fellows, and program directors. For information about the course, contact Ms. Ellen Haupt, Administrator, Jules Stein Eye Institute Clinical Research Center (310-794-4552; e-mail: haupt@jsei.ucla.edu). A limited number of NIH-funded Travel Awards will be available for residents from departments who do not have resources to support their attendance. Details regarding Travel Award applications will be provided at a later date. Maximum enrollment will be 120 participants.

The course is supported by a generous grant from the NIH.

Deadline for Registration: August 1, 2013

The Course Organizers welcome participation of individuals from diverse backgrounds, including women, underrepresented minorities, and people from disadvantaged backgrounds.

FACULTY POSITIONS AVAILABLE

MARCH 2013

For the most complete, up-to-date listing of faculty positions, with full descriptions, please visit the "Faculty Positions" section of www.aupo.org.

**Dallas VA Medical Center
Ophthalmology Section**
Chief of Ophthalmology

**Indiana University School of Medicine
Eugene and Marilyn Glick Eye Institute**
Assistant/Associate Professor of Corneal/
External Disease and Refractive Surgery
Assistant Professor of Ophthalmology – Basic
Science Research
Director of Basic Science Research, Associate
Professor/Professor of Ophthalmology
Doctor of Optometry - Optometrist
Neuro-Ophthalmologist/Neurologist

**Johns Hopkins Hospital
The Wilmer Eye Institute**
General Eye Services Attending Physician

**State University of New York at Buffalo
Ross Eye Institute**
Residency Program Director
Vitreoretinal Surgeon

**State University of New York
Downstate Medical Center
Department of Ophthalmology**
Glaucoma Attending
Pediatric Ophthalmologist

**State University of New York
at Stony Brook
Department of Ophthalmology**
Pediatric Ophthalmologist

**Texas Tech University Health Sciences
Center School of Medicine
Department of Ophthalmology & Visual
Sciences**
Glaucoma Service Director

**Tufts University School of Medicine
New England Eye Center at Leominster**
Comprehensive Ophthalmologist

**University of Florida, Gainesville
Department of Ophthalmology**
Assistant/Associate Professor of Corneal/
External Disease and Refractive Surgery
Assistant/Associate Professor of Glaucoma

**University of Nebraska Medical Center and
Children's Hospital & Medical Center
Stanley M. Truhlsen Eye Institute**
Pediatric Ophthalmology and Strabismus
Specialist

**University of Texas Southwestern
Medical Center
Department of Ophthalmology**
Assistant, Associate, or Full Professor
Comprehensive or Subspecialty
Ophthalmologist

**University of Washington
Department of Ophthalmology**
Pediatric Ophthalmologist

**University of Wisconsin Medical School,
Madison
Department of Ophthalmology & Visual
Sciences**
Medical Retina Assistant/
Associate Professor (CHS)

**Virginia Commonwealth University
VCU Medical Center, MCV Hospitals
and Physicians**
Glaucoma Specialist



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*Send feature articles and
correspondence to:*
Bartly J. Mondino, MD
Department of Ophthalmology
Jules Stein Eye Institute
100 Stein Plaza, UCLA
Los Angeles, CA 90095-7000
Ph: 310.825.5053 | Fax: 310.206.7488
E-mail: mondino@jsei.ucla.edu

Associate Editor
Wayne A. Imbrescia, MPH, MHSA

*Send announcements, association
news, and address changes to:*
AUPO Administration Office
P.O. Box 193030
San Francisco, CA 94119
Ph: 415.561.8548
Fax: 415.561.8531
E-mail: aupo@aao.org

Production
Gina Minato
AUPO Administration Office
E-mail: gminato@aao.org