

Perfect Timing!

I sense that the recession is over. I am having trouble getting a good table in restaurants (even Mac Café), merchants will no longer discount products, and the mechanic (and my family) have recommended making snide comments about my 12-year-old Toyota. More solid evidence is news from many sources that refractive surgery bookings are up, mergers and acquisitions have resumed, and attendance at major ophthalmic meetings is approaching record numbers. Manufacturers are releasing or developing new IOLs and lasers—even femtosecond technologies for cataract surgery.

A famous Formula One driver once said, when everyone else slows down, it is time to step on the gas. Likewise, when the practice of ophthalmology slows, I recommend preparing for the next acceleration. Decide what your practice could and should look like in 5 years. Focus on what you (not others) want. This edition of *Cataract & Refractive Surgery Today* should help you with the planning process. For example, the timely article by Guy Kezirian, MD, discusses premium IOLs and the need for ophthalmologists to leave all eyes in focus after lens surgery. His data show that premium IOLs, both multifocal and accommodating, are particularly sensitive to residual refractive errors but in different ways. Dr. Kezirian's point is that each surgeon is responsible for finishing the job him- or herself or with a partner. The rewards will easily pay off and make your practice grow. In addition, James Dawes, the director of a major cataract practice in Florida, provides free advice on adding premium IOLs to your practice.

I am particularly impressed by the insightful articles on choosing a life after residency. I do not think I have ever seen their like in print. Jonathan Stein, MD, shares useful information for those of you completing your residency as well as those changing established practices. The articles by Damien Goldberg, MD, and Christopher Starr, MD, will be of assistance to those of you trying to pick a practice setting. Cristina Boggiano also offers excellent advice on this important decision for young ophthalmologists. One of my favorite articles from this month's cover series is by Richard Awdeh, MD. In his discussion of how to pick an academic position, he recommends that you determine and concentrate on what is important to you. This

advice applies to all ophthalmologists, no matter their current or desired practice setting.

Matt Jensen directs a practice in South Dakota and contributes an excellent article on marketing efforts in the current economy. *CRSToday's* founding editor John Doane, MD, expertly describes the advantages and practical implementation of patient education software. I hope that you enjoy this edition.

My last editorial focused on health care reform. Since then, the current House proposal has been vetted and passed by the Congressional Budget Office, but it still contains the old-school tactic of pitting health care providers against one another. In this case, hospitals have made a separate deal to limit any cuts from the proposed independent Medicare Advisory Committee in return for promised predetermined savings. Defensive medicine adds huge costs every year; indeed, estimates from the nonpartisan Congressional Budget Office show that such reform could save \$54 billion over 10 years.¹ I find, however, that a provision of the current House bill penalizes states that have tried to address the liability crisis

through tort reform. Titled "Medical Liability Alternatives," section 2531 establishes an incentive program for states that adopt and implement alternatives to medical liability litigation, but it also stipulates that no incentive payments be made to states that "limit attorneys' fees or impose caps on damages."² In addition, a government-run option is back in the bill.

I believe that we should make health care available to everyone in this country, but isn't the best option a competitive-yet-inclusive market-based system? ■



Stephen G. Slade

Stephen G. Slade, MD
Chief Medical Editor

1. Sorrel AL. Health reform bills light on medical liability reform. American Medical News Web site. <http://www.ama-assn.org/amednews/2009/11/02/gvsb1102.htm>. Published November 2, 2009. Accessed November 2, 2009.

2. The House's health care bill. The New York Times. <http://documents.nytimes.com/the-house-s-health-care-bill/page/1431#p=1432>. Accessed November 2, 2009.