

Surgeons' Perspectives on Ophthalmology Today and Tomorrow

Cataract & Refractive Surgery Today asked seven ophthalmologists to answer five questions.

**BY GARY FOSTER, MD; KATHRYN M. HATCH, MD; ROBERT K. MALONEY, MD;
CATHLEEN M. McCABE, MD; JONATHAN SOLOMON, MD; KERRY D. SOLOMON, MD;
AND ROBERT J. WEINSTOCK, MD**

OF WHAT ARE YOU PROUDEST?

Gary Foster, MD

My greatest accomplishment was convincing my wife, Lonnie, to marry me. She was the central office human resources director for a large health care conglomerate and was dating investment bankers, while I was a punk medical student driving a car she had to help me push to start. Every other good thing in my life since then has flowed from my marriage.

Kathryn M. Hatch, MD

I feel proudest when hearing stories from my patients about how they are achieving their goals after having eye surgery.

Robert K. Maloney, MD

I am most proud of 2 weeks I spent in the Marshall Islands in the middle of the Pacific Ocean after my fellowship. I arrived at a hospital where the hallways were lined with people blind from cataracts. My colleague, Tony Capone, and I performed a "boatload" of cases but barely made a dent in the line of patients. Fortunately, we also spent part of our time training an ear nose throat surgeon there how to remove cataracts. Three years later, there were no cataracts left in the Marshall

Islands, because that surgeon had operated on all of them. I feel like we were personally responsible for eliminating cataract blindness for an entire nation in that brief trip.

Cathleen M. McCabe, MD

I feel fortunate to be practicing ophthalmology at a time when we have the ability to routinely perform surgeries that improve patients' vision, frequently allowing them to see better than they ever have without glasses. The best part of my day is celebrating with a patient who is amazed at the improvement in his or her vision.

Jonathan Solomon, MD

I am most proud of my decision to follow in my father's footsteps, the joy that comes from contributing to the care of my patients, and the opportunity to collaborate with colleagues and friends.

Kerry D. Solomon, MD

I am proudest when I am able to hit the refractive result that the patient wants and I am able to meet or exceed his or her expectations. When patients are happy with the care and outcomes I provide, that really gives me a great deal of satisfaction.

Robert J. Weinstock, MD

I am most pleased with the quality of care and the outcomes we deliver to our patients at the Eye Institute of West Florida. I am so proud of my father's 4-decade dedication to the profession of ophthalmology and of his instilling in me the drive and commitment to raise the bar and put the patient first in all decisions that I make.

WHAT KEEPS YOU AWAKE AT NIGHT?**Gary Foster, MD**

My three teenagers can keep me awake at night. I want them to find faith, confidence, and passion for their lives that best the amazing love I have for ophthalmology. Most of their days are spent building that dream, but sometimes, when they face big decisions, I lose sleep.

Kathryn M. Hatch, MD

My 4.5-month-old keeps me up the most! Aside from her, I worry about how my husband and I will afford two college educations in the next 18 years.

Robert K. Maloney, MD

What keep me up at night are complications. I hate them, they happen, and that is life. The other thing that keeps me up at night is drinking red wine with dinner.

Cathleen M. McCabe, MD

I am always concerned about patients' care and outcomes. I also spend time trying to plan for the future success and longevity of my practice. It is a challenge to determine how to grow the practice while improving patients' care, overcome the challenges of decreasing reimbursement and increasing regulation, and meet patients' rising expectations while having less time to spend with them in general.

Jonathan Solomon, MD

Everything keeps me awake: my 3-year-old daughter, the geopolitical effect of closing Gitmo, drone strikes, the looming debt crisis, whether my horse came in, and wondering if I locked the front door. I suppose my professional concerns regard the trajectory of the profession of ophthalmology in the face of decreasing cooperation with third-party partners and the potential obligation to retain legal counsel to assist with every major decision given the complexity of health care reform.

Kerry D. Solomon, MD

When I have a patient who is disappointed with an outcome, justifiably or not, I tread over that a lot.

Patients have increasingly high expectations, and as much as I try to meet or exceed them, and as much as I try to ground them in advance, there is an occasional person who still feels that I have not done my part and did not properly educate him or her upfront.

Robert J. Weinstock, MD

I am a great sleeper, but occasionally, I will lie awake thinking about a patient who is not doing well, how to improve what I do and make the practice run better, my kids, and fishing plans.

WHERE ARE OPHTHALMOLOGY AND MEDICINE HEADED?**Gary Foster, MD**

The amazing technology that we already have and that will soon become available allows me to get up every day and assume that I will be better at restoring my patients' sight than I was the day before. How many people could dream of saying something like that? I believe these advances will be realized first in the elective channels but will work their way through the insurance bureaucracies in time. For this reason, I have emphasized the elective options available to my patients in cataract and refractive surgery. That is where I consistently have the biggest impact on their vision.

Kathryn M. Hatch, MD

I believe all practices will become a part of accountable care organizations as well as single-payer systems. I expect ophthalmologists will have to carry an even larger surgical load as the baby boomers require cataract surgery.

Robert K. Maloney, MD

Medicine will become more and more like a (coeducational) priesthood. Reimbursements will continue to be squeezed. Physicians' incomes will continue dropping. The major compensation for surgeons will be the pleasure of the work. This happened in Europe 20 years ago. There, anyone who is not the professor of the university department generally has a very modest life. In the future, unfortunately, many brilliant people simply will not find the remuneration of medicine to be worth their time. They will go into other fields, and medical advancement will be the worse for it.

Cathleen M. McCabe, MD

The future will most certainly necessitate a much greater focus on efficiency and fiscal responsibility in all areas of medicine but particularly in ophthalmology. As the population ages and the volume of patients rises, without a concomitant increase in providers, the need to

maximize efficiency and minimize unnecessary expenses will grow. I anticipate that we will be able to provide our patients with a wide range of elective options that will improve their outcomes while allowing us to continue to provide a high level of covered services despite decreasing reimbursement for those services.

Jonathan Solomon, MD

I anticipate a great schism in the delivery of medical care due to changes in insurance coverage. As more and more services come to be considered premium products, a parallel health system will generate a multitiered divide.

Kerry D. Solomon, MD

I have concerns about the direction in which medicine is headed. I think that the system is getting more and more squeezed. Physicians will continue to be pressured by insurers, hospitals, and patients' expectations. We will have to deal with those challenges. The good news is that ophthalmologists provide refractive services in addition to what insurance traditionally covers, and as a result, we have an opportunity to improve patients' quality of life. Because refractive services are not covered by insurance, we can continue to achieve great satisfaction from the work that we are doing despite the changes in health care that are coming.

Robert J. Weinstock, MD

The prevalence of disease will rise, owing to a national epidemic of obesity and the aging of the US population. Ongoing regulation will distract us from caring for patients. Reimbursement will decrease further, and the government will continue to interfere in our decisions about what is best for our patients. I anticipate eventual governmental control of medicine with a small, second-tier, private-pay system.

WHAT CHANGES ARE YOU MAKING IN YOUR PRACTICE?

Gary Foster, MD

I love restoring patients' vision, so I have always invested time, money, and training into areas that will improve their outcomes and safety. Most recently, my practice has invested in laser cataract surgery and intraoperative aberrometry. Change and continuous quality improvement are the norm in my practice. This approach flies in the face of most who feel it is time to hunker down and lower costs. I believe that elective medicine will expand in ophthalmology and that best-in-class outcomes and customer service will be rewarded. In addition, I expect that insurers will increasingly reward providers who can demonstrate better quality and safety. Even if they do not, I did not enter medicine to have the highest profit margin. For me, it has always been about the quality of the outcomes I achieve for my patients.

Kathryn M. Hatch, MD

We are increasing our marketing and changing strategies in an attempt to reach Generation Y for laser vision correction and the baby boomers for laser cataract surgery.

Robert K. Maloney, MD

Five years ago, I mostly performed LASIK. Five years from now, I will mostly perform cataract surgery. Premium IOLs and laser cataract procedures make up a major part of my cataract activity, and that will not change. My team's comfort with customer service and our expertise at talking about excellent uncorrected visual acuity have not and will not change.

Cathleen M. McCabe, MD

My practice is becoming more integrated and diverse, with optometrists, ophthalmologists (including oculoplastic surgeons), opticians, dermatologists, and auditory specialists working as a team to provide a full range of services to patients. We are investing in new technologies that will allow us to provide the highest level of care.

Jonathan Solomon, MD

Positive and negative incentives have propelled my practice into the arena of electronic health records. Most of the changes we have made, however, are driven by our desire to adhere to the tenants of *The Experience Economy* by Joseph Pine II and James H. Gilmore. We use multimedia educational tools to assist with knowledge transfer, and we stock creature comforts in the office to foster a more relaxing environment.

Kerry D. Solomon, MD

In this day and age, people have choices about where they can go for eye care. At my practice, we are therefore focusing on providing customized outcomes to meet patients' expectations. We are also working to deliver great customer service. These efforts should generate a high level of satisfaction among our patients.

Everyone can talk about customer service, but you actually have to act on it. Changes that we have made include redesigning how we see patients. Our average waiting times are 15 minutes or less, and the total length of visits to our practice has decreased. We are being respectful of our patients' time, and that has made a big difference in terms of our customer service.

Robert J. Weinstock, MD

We are diversifying the services we offer. We have added cosmetic self-pay procedures and products. Our focus is on customer service and patients' education.

WHAT ADVICE DO YOU HAVE FOR THOSE JUST GETTING STARTED IN OPHTHALMOLOGY?

Gary Foster, MD

Find the part of ophthalmology that you really love and become an expert at it. Emphasize that aspect of your profession and build it at the sacrifice of other parts of ophthalmology. Become involved in research, and start helping with that area on the committees of your professional organizations. Make time to build strong friendships with other like-minded ophthalmologists. Each of these areas brings joy and builds on the others.

Kathryn M. Hatch, MD

Be patient with your current job. Do not make rash decisions or let your ego get the best of you. Try to love what you do each day for your patients as well as the people with whom you work. Treat patients and coworkers how you would like to be treated. Understand and study the business of medicine.

Robert K. Maloney, MD

You will not be as well compensated as your forebears, but you will have more interesting work. You will have great tools and fascinating problems to solve throughout your career. Join a four-person group in a rural or suburban area where you want to raise a family. Forsake the false allure of the big city.

Cathleen M. McCabe, MD

Learn about the business of medicine; it will be even more important to be a savvy businessperson in the future. Find a group of like-minded partners with whom you enjoy interacting, because you will spend most of your time working together to face future challenges. Do what you love, and remember that it is a privilege to provide the gift of sight.

Jonathan Solomon, MD

Learn as much as you can about the business and management of medicine, but do your best to lead with your heart. Allow your passion to drive your decisions for your carrier. Change is a guarantee, but if you remain vigilant about fueling your fire, then even the unforeseen obstacle should not deter you.

Kerry D. Solomon, MD

Be progressive in your thinking. Be open-minded and flexible about new technology. Look beyond standard outcomes in cataract surgery. We have options for making patients less dependent on glasses for distance vision. Deliver on refractive outcomes, and be realistic about them. Offer LASIK and PRK enhancements as part of the overall

package of solutions for patients, because the predictability and accuracy with cataract surgery are not where they are with LASIK. Deliver good customer service. If you can do these things, cataract and refractive surgery is a rewarding and growing field. The baby boomers are just reaching Medicare age, they have disposable income, and they are very interested in solutions that improve their quality of life.

Robert J. Weinstock, MD

Slow and steady wins the race. Bond with your patients, and treat them like family. By making their care your number one priority, you will almost always make good decisions. ■

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