

Surgeons Sound off Regarding the Role of the AAO and ASCRS in the Future of Ophthalmology

One of the key functions of ophthalmic associations is to provide members with quality continuing medical education.

IS IT TIME FOR A NEW SOCIETY?



Mark A. Kontos, MD

Ophthalmology is moving rapidly toward a major tipping point. Significant technological developments (such as the femtosecond cataract laser and presbyopia-correcting IOLs) combined with alterna-

tive reimbursement pathways are creating a dynamic paradigm shift for many ophthalmologists.

Are the ASCRS and AAO the best entities to help ophthalmologists navigate a course through this new landscape, or could a new society more focused on independent, innovative thinking be more suited to the task? The ASCRS was once that type of society, but as it has grown, it has become a less dynamic organization. The AAO is a large organization, which by its nature must represent the full spectrum of ophthalmic professions. The AAO therefore must move cautiously through the sea of change. As the vice chair for refractive surgery, I have first hand experience with how tedious the process of policy formation can be.

Both the ASCRS and AAO provide invaluable services to ophthalmology, but I feel that now is the perfect time to consider a new type of society for our profession. It should focus on the independent nature of ophthalmologists, foster the exchange of innovative ideas, and provide a forum for all eye care specialists, including optometrists, to pursue success in their practices. Such a society would be a valuable and timely addition to our profession.

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I would like to see a society made up of surgeons who are freethinkers and are pushing the boundary of innovation. This is a group that embraces new technology and uses it in a prudent fashion

to improve patients' results. This group is not stuck in a way of doing things because it best serves their needs, but it will use the technology or procedures that will give the patient optimal results.

The AAO does not seem to embrace this philosophy. Instead, it appears to be very conservative in nature, with very slow acceptance and validation of newer techniques, implants, and diagnostics that clearly benefit patients in the hands of experienced surgeons.

The ASCRS, however, has more of a feeling of home for me. It is the place where I feel comfortable and look to "step up my game." Unfortunately, the annual ASCRS meeting has become very large with too much going on. The general sessions have become conservative and AAO-like, while some of the courses and topics selected are outdated or too esoteric. In addition, retina and

glaucoma topics have been incorporated into the meeting, which further dilutes and confuses the focus of the society.

HOW DO SURGEONS LEARN?



Karl G. Stonecipher, MD

Historically, the AAO has always looked at new ways of providing education to its members (see "A Brief History of the American Academy of Ophthalmology" on page 79). It has attempted to segment general ophthalmology and to break it down into the subspecialties. For the most part, the AAO and its educational offerings have evolved slowly. The ASCRS, on the other hand, is a little more cutting edge.

The ASCRS was originally founded to explore ideas that were out of the mainstream (see "Veterans Remember: the Great Ophthalmological War and the Rise of the ASCRS" on page 70). The organization was formed by ophthalmologists who realized the AAO was not the place for presenting groundbreaking research.

The ASCRS showed itself to be more progressive in offering DVDs and then eventually Web-based continuing medical education. It realized early on that doctors needed access to digital learning tools that they could use at home. Of course, attending the national meetings is important for hands-on training, adopting new skills, and wet lab experience. These learning forums are important to the AAO also but more so to the ASCRS. Today, the AAO is still less open to newer and less-investigated procedures.

Over time, regional meetings have become more important, as not all practitioners have the finances or the flexibility to leave a busy practice to travel to a national or international meeting. For example, the Royal Hawaiian Eye Society, in the 1970s, started its own meeting so that its members did not have to travel to the mainland. Now, many of the medical publications, including *Cataract & Refractive Surgery Today*, have taken over some of the regional meetings. Additionally, the ASCRS has branched out and offers regional meetings and winter updates. Doctors can attend meetings that are easier for them to get to and not have to spend as long at the meeting.

Of course, as we as surgeons and as a society have become more visual and more technologically savvy, the *Video Journal of Ophthalmology* and the *Video Journal of Cataract & Refractive Surgery* came onto the scene, the latter thanks to Robert Osher, MD. Addition-



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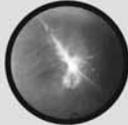
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ally, sessions at major meetings became available as audio files so attendees and nonattendees alike can have access to the information presented. Industry started providing CDs and DVDs as educational options for doctors.

Today, we have education in tiered structures—that is, print, Web-based, and meetings. Because the peer-reviewed journals cannot keep up with the pace of information's availability, they now release important articles online ahead of print. Some doctors will look these up, yet others will read about them in publications like *CRSToday*. Surgeons also need access to information about running their practices, and *CRSToday* features the "Premium Practice Today" section to meet this niche.

When surgeons hear about new technology or the latest procedure, they want instant education about it. Eyetube.net fills that role of providing "how-to" and "on-demand" opportunities for learning.

What about on- and off-label discussions? A significant proportion of ophthalmic medications are used off label. A company-sponsored Webinar discussing the approval of Besivance (Bausch + Lomb), for example, might explain the labeling and the message behind the product. An interested doctor would still have to attend an outlet meeting to learn about the off-label options for this drug.

Doctors want access to information on their terms. They want regional meetings and hands-on wet labs. If they cannot attend a meeting for 6 months, however, they want to log onto Eyetube.net to learn about a certain surgical procedure. The general meetings will still be well attended, but doctors are not staying as long. They want to get in and get out. Finding funding for quality education will continue to be an issue. There will be more regionality in education instead of larger global meetings.



Stephen Coleman, MD

For me, the AAO and ASCRS are fundamentally about the transfer of information, how I as a physician learn and stay current with new technologies and approaches to treating patients. The goal is always to leave a meeting with sound ideas and specific, practical bits of advice and information to take home and integrate into my practice. Clearly, the way in which information is transferred and shared has evolved greatly over the years, which has had an enormous impact on national and international meetings. Smaller meetings offering close interaction with peers have proven to be the most productive and informative. Large societal meetings can

oftentimes be so immersed in the commercial aspect of ophthalmology that it is difficult to find the unbiased, relevant facts that are so useful in private practice.



William B. Trattler, MD

We are fortunate to have two large and effective organizations in ophthalmology. Both provide large, well-attended conventions. The AAO's excellent annual meeting offers numerous opportunities for doctors

at different levels to learn the newest techniques, and the exhibit floor showcases the latest technologies. The ASCRS' well-run meeting allows surgeons to interact with new technology and attend numerous anterior segment-focused courses, symposia, and presentations of scientific papers.

I believe that the ASCRS meeting differs in one key respect from the AAO annual meeting in that all of the content is available to the physicians who register. At the AAO meeting, although registration is free, registrants must pay to attend certain courses. I think the AAO's policy discourages doctors from attending as many sessions as they might like and learning as much as they could.

I love participating in meetings, sharing my knowledge, and learning from my colleagues. The numerous additional meetings that are held throughout the year play an important role in keeping physicians educated on the latest advances in both surgery and patients' care. I attend more than 12 meetings each year. I enjoy the smaller events (such as the Aspen Invitational Refractive Symposium [AIRS] and the Aspen Cornea Society meeting) that focus on incorporating the latest technology into practice. This setting fosters peer-to-peer education and an interactive environment. ■

Stephen Coleman, MD, is the director of Coleman Vision in Albuquerque, New Mexico. Dr. Coleman may be reached at (505) 821-8880; stephen@colemanvision.com.

Mark A. Kontos, MD, is a partner of Empire Eye Physicians, PS, of Washington and Idaho. Dr. Kontos may be reached at (509) 928-8040; mark.kontos@empireeye.com.

Karl G. Stonecipher, MD, is the director of refractive surgery at TLC in Greensboro, North Carolina. Dr. Stonecipher may be reached at (336) 288-8523; stonenc@aol.com.

William B. Trattler, MD, is the director of cornea at the Center for Excellence in Eye Care in Miami and the chief medical editor of Eyetube.net. Dr. Trattler may be reached at (305) 598-2020; wtrattler@earthlink.net.

Robert J. Weinstock, MD, is the director of cataract and refractive surgery at The Eye Institute of West Florida in Largo. Dr. Weinstock may be reached at (727) 244-1958; rjweinstock@yahoo.com.