Dr. Bascom Palmer's Legacy

By David Cano, M.D.
President, Florida Society of Ophthalmology

Today I was standing and looking at the highest mountain in the North America, Denali or “the great one” in the native translation. It reminded me of a time that my wife and I volunteered in an eye camp in Nepal in the Himalayas. I remember the importance of vision for those in need especially where it is difficult to obtain this care for many reasons. This made me ponder the issues of eye care needs locally in our State. We are experiencing a crisis in the availability of superior eye care for those who do not have the resources to afford it. This brings to mind the work of Dr. Bascom Palmer who set about to improve eye care for all Floridians.

Bascom Palmer is a well known name in Florida signifying excellence in eye care; plus it was the name given to one of the top ranked eye institutes in the world and is located in Miami.

What a lot of people don’t know is that Bascom Palmer was a hard working and committed pioneering ophthalmologist serving as president of our organization in 1947 when it also included the ear, nose and throat as a specialty.

New FSO Membership Benefit

The FSO Self-Mailer System has been created for FSO members to help you promote your practice within your geographic area by:

- Providing a database of new home purchases in the state of Florida over the preceding 90 days, along with the associated addresses.
- Providing three easy to use and customizable postcard templates, welcoming new families to your area and letting them know of your practice and you affiliation with the FSO.
- Providing pre-printed postcards to you, ready to be mailed, or providing a low-cost mailing service targeted to addresses you specify.

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FSO OFFICERS

President: David Cano, MD
President-Elect: Saiyid Akbar Hassan, MD
Vice President: Bradley Fouraker, MD
Secretary-Treasurer: Joseph Trentacoste, MD
Q: What are some highlights of your career?

A: I attended the Univ. of California in Berkeley and graduated from the UC School of Optometry. Even in high school, I was interested in stereoscopic vision and depth perception, and was led to optometry to study physiological optics. My plan was to go on and get a PhD and pursue an academic career studying the science of vision. I did well in optometry and one of my professors (Gordon Walls), thought I had the potential to advance in a medical career. He suggested that I meet a former optometry graduate, William Spencer, who was then a medical student at UC. I was not initially eager to embark on a new direction toward medicine, but Bill urged me to pursue that pathway, which could form the basis for studying science as well as clinical practice. Persuaded, I did go on to medical school at the Univ. of California in San Francisco (UCSF).

While there, I worked part-time and summers engaged in scientific projects at the Proctor Lab, where I had close contact with Michael Hogan and Phillips Thygesson, who became my career mentors.

After obtaining my MD degree in 1957, I completed a medical internship at UCSF and then my eye residency at the University of Iowa, a large academic training program, where I was privileged to work with many prominent ophthalmologists. After completing residency, I took a position at the NIH (National Institute of Health) as executive Secretary of their ophthalmology training grants committee. In 1963, an academic faculty position opened up at the University of Florida in Gainesville that was just then getting off the ground. I felt I could add more to a fledgling department that needed me, to teach optics and retinal problem management, than I could in some other, more well established center closer to “home” in San Francisco, where there were doctors already there who could do everything I could do, only better.

When I joined the faculty at UF, I was then the only retina surgeon between Miami and Atlanta, and so was able to gain a lot of clinical experience relatively quickly.

In the succeeding years, I became UF Department Chair (1978-1995) where I was fortunate to help train hundreds of eye residents and fellows. In 1988 I was appointed a UF Eminent Scholar.

During my career, I was privileged to be involved in national ophthalmology activities – with ARVO (Association for Research in Vision and Ophthalmology) leading to the presidency in 1978, with the American Board of Ophthalmology (Chairman in 1984), and the American Academy of Ophthalmology, our national professional organization. I held the post of Secretary for Instruction for many years and then served as president in 1988. I was also elected to the AOS (the American Ophthalmologic Society) where I served as Council Chair in 2002.

I retired from clinical practice at UF when I reached age 65 in 1997.

Q: What did you say about first getting interested in the eye back in high school?

A: One of my teachers saw that I was interested in 3D photography and this “set the hook.” He encouraged me to do some experimental work in this area, which led to a project that was recognized by the Westinghouse Science Talent Search back in 1948. That was what sparked my interest in vision and photogrammetry, and eventually, led to forestry mapping (using stereoscopic cartography) and then in applying to optometry school.
Q: How do you feel about the Mel Rubin lecture being named after you?

A: In 1992, Dr. John Brayton, who was then president of the FSO, phoned me with the news that the Executive Committee had just voted to honor me with an annual lectureship named for me. After expressing my total surprise, I told him that I thought such lectures were usually awarded only posthumously.

Anyway, I was obviously elated. Other honors that I’d received previously were certainly wonderful, but were momentary. This FSO honor would recur perpetually—every year! What a source of great pride for me and my family. Actually, I myself have delivered similar lectures named for prominent people, and each was a distinct honor, but having an annual lecture named for me by my peers—now that’s a special and unique tribute. I am very grateful for this particular recognition.

I was told that this Lecture was to recognize my contributions to education—not only for my clinical retina service at UF, but for my national optics teaching and books, and for the creation of what is now a national resident examination (OKAP) given annually to all training programs in the USA and Canada. The OKAP tests ophthalmologic knowledge and provides residents with scores compared with other residents in 10 different clinical areas. Initially, the problem of promoting a national exam was a tough sell, but now it is well accepted as an educational tool across North America. Further, I eventually melded this exam with ABO’s written exam, but now, the two exams are again separate, with the OKAP sponsored by the AAO. Obviously, the entire creative process was not mine alone; I had much help from a great number of wonderful colleagues. Credit for such a national project is never due to one alone.

Q: How do you feel about optometrists using legislation to try to be able to do the things that ophthalmologists can do?

A: Clearly, I don’t like what optometry is legislatively striving for and how they go about it. However, optometry does have a firm place in the eye care field. They are trained in visual science and in optical and general eye care in 15 or so recognized optometry schools across the country. But they are nowhere near well-enough trained to recognize and treat the full gamut of eye and medical disease. For that one needs the broad experience of medical and ophthalmologic training. Optometrists are not really trained in medicine, though they do take some courses in pharmacology and some clinical courses, some of which are even taught by ophthalmologists. However, the level of optometric medical training is nowhere near as profound as what is taught to eye MDs. One becomes expert in clinical medicine not only by knowing but by doing. You can’t just read info from a book; you need the full range of clinical, hands-on training to become a good clinician. Though optometry has over the past decades made great strides, it still, in no way measures up to equivalency to ophthalmology. Yet optometry continues to try to blur the difference between the two professions to the general public, other health care professionals, and particularly to the state and national legislatures, and now they’ve gotten themselves entitled to be called “optometric physicians” in many states, and that further blurs the difference. Unfortunately, they regularly utilize legislative methodology to broaden the scope of their clinical practice, again, to strive for greater equivalency to ophthalmology. So, no, I do not condone their legislative methodology and self-promotion, but I do recognize that they do have a place.

Q: All of this leads into my next question—where do you see ophthalmology going in the future?

A: A large number of individual true group practices.

There are many ophthalmologists who already work closely together with optometrists in their offices—part of a group practice in which together both professions and subspecialists add their own special skills to offer full eye care to all of their patients. This is where I see the future.

Actually, I think it’s already moving that way -- for patient convenience and for cost effectiveness. A patient can get everything he or she needs done – diagnostically and therapeutically, in one physical area-- with referrals when appropriate. Properly designed and properly cooperative, such an office or center provides a high rate of professional and patient satisfaction. It provides an efficient, collegial environment that helps patients to feel better and see better. It can provide vision care that is optimal.
FSO Reaching Out to Provide Public Service

By Steve Hull
FSO Lobbyist and PR Director

One of the top priorities of the FSO is to protect the profession of ophthalmology and assure that patient care is provided by those who are the best trained and educated.

Another important goal of the FSO is to serve as a leader in developing programs that reach out to the community to help those in need of the best eye care possible.

For the past many years FSO has initiated several programs that have received statewide and nationwide attention.

It’s good to be reminded of the importance of providing the community with services as we begin to prepare for the upcoming legislative session in 2008.

FSO is clearly a reservoir of activities for public service activities. All you have to do is go to our web site and realize that the FSO is serving as a catalyst of bringing services and organizations together.

These programs include the well known FSO’s retinoblastoma screening program, where thousands of parents have benefited from being able to help screen for tumors.

As part of the screening activity, the FSO has taken the lead in providing education to family and pediatric physicians to provide eye care for toddlers.

The FSO has also taken a highly visible role in the “Vision Caucus”, created by legislative leaders to focus on important issue to deal with high quality eye care in Florida.

The FSO has reached its hand out to publicize groups who have made high quality health care a priority. For example, the FSO is helping to market the “state of vision” license plate, which was created by the Florida Legislature to raise funds for those persons with low vision and blindness.

We are also providing a link on our web site for those persons interested in reaching out to Prevent Blindness, a well known organization that advocates for screening and providing services to the blind.

And in yet another important area, the FSO took part in a recent summit in Tampa concerning Diabetes and its prevention. Health providers and physicians from all over Florida gathered at this event organized by the Florida Department of Health. Input from FSO on diabetes was taken seriously to deal with what many leaders consider to be an epidemic causing early death, blindness, amputations and other severe health problems.

I have listed all these activities to show that the FSO is active and involved. If you would like to be involved in lending a helping hand, please contact the FSO Tallahassee office: 850-681-8535 or sarah@politicalcommunications.net.
There are three options for members to choose from:

1. Download a mailing list by zip code of new residents within a 50 mile radius of your practice and mail your own postcards or flyers.
2. Download the mailing list by zip code and place an order of customizable postcards (choose from 3 different designs) mail it out on your own.
3. Choose one of the three customizable postcards and have the FSO do the mailing for you for a small fee.

If you are interested in placing an order or getting more information on this new FSO membership benefit, please visit the FSO website at www.mdeye.org.

These are examples of postcards you can utilize for mailing.
The FSO Honor Roll

This year the FSO’s Annual meeting was held at the Rosen Shingle Creek Hotel in Orlando, June 22-24. Here is some information about the newly elected president and this year’s award winners. (Compiled by Alycia Rea).

President of the Florida Society of Ophthalmology

Dr. David Cano of West Palm Beach was elected President of the FSO. In 2000 Dr. Cano was awarded the Outstanding Young Ophthalmologist Leadership Award by the Florida Society of Ophthalmology.

Dr. Cano received his Bachelor of Science degree from the University of Florida and his Medical Degree from Case Western Reserve University School of Medicine. He went on to complete the Ophthalmology Residency Program at Case Western Reserve University and his fellowship training in cornea and refractive surgery at the University of Melbourne in Australia.

Dr. Cano is currently Director of Cano & Manning Eye Center and a staff surgeon at Palm Beach Eye Clinic both located in West Palm Beach. His wife, Dr. Lauree Manning, is also an ophthalmologist and they have two children. Dr. Cano looks forward to serving the Florida Society of Ophthalmology in this leadership capacity for the eye care needs of all Floridians.

James W. Clower, Jr., M.D. Community Service Award

Dr. John Brown of Miami was posthumously awarded the James W. Clower, Jr., M.D. Award.

Dr. Brown went to the University of Wisconsin-Madison, where he received Phi Beta Kappa recognition. He went on to Medical school at Meharry Medical College in Nashville, Tennessee. His residencies in General Surgery and Ophthalmology were undertaken at the Veterans Administration Hospital in Tuskegee, Alabama. He completed his postgraduate work in Ophthalmology at the University of Illinois in Chicago. Dr. Brown opened his medical practice in 1955, becoming the first black Ophthalmologist in Florida. He practiced for over 40 years in Dade County.

Shaler Richardson, M.D. Service to Medicine Award

Atlantis Ophthalmologist Dr. Emanuel Newmark, M.D. was awarded the Shaler Richardson, M.D. Service to Medicine award.

Dr. Newmark received a Bachelor of Science degree from Rutgers University, College of Pharmacy, and his medical degree from Duke University, School of Medicine where he completed The Fight for Sight Research Fellowship. Dr. Newmark has received numerous honors and awards including Consumer’s Research Council of America’s Top Physician for 2004-2005 and Top Ophthalmologist for 2006-2007. Dr. Newmark was the Director and Staff Ophthalmologist at Palm Beach Eye Associates from 1972-1998. He then went on to work as an associate from 1998-2006 at the Regional Eye Institute in West Palm Beach. He is currently on Trauma call for the Health Care District of Palm County, Part-time Staff at the WPB Veterans Medical Center.

John R. Brayton, Jr., M.D. Award

Clifford Lee Salinger, M.D. of Palm Beach Gardens was awarded the John R. Brayton, Jr., M.D. Award. The award is given annually to the Florida ophthalmologist who has displayed outstanding leadership skills.

In 2004 the FSO Honored Dr. Salinger with the James W. Clower, Jr. M.D. Community Service Award.

Dr. Salinger completed a three-year residency in ophthalmology at the New Jersey Eye Institute in Newark, New Jersey. He earned his Medical Degree from the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School and his Bachelor of Arts degree at the Johns Hopkins University in Baltimore, Maryland. Dr. Salinger went on to receive his fellowship training in Cornea and External Diseases at the Pacific Presbyterian Medical Center in San Francisco, California.

Dr. Salinger founded the VIP Laser Center in Palm Beach Gardens where he specializes in Corneal/ External Disease. He has been practicing in Florida since 1996.
Annual Meeting Round-Up

The Florida Society of Ophthalmology held its 2007 annual meeting from June 22-24 at the Rosen Shingle Creek, “Florida’s newest and most luxurious meeting destination”, in Orlando. Attendance was excellent with 142 physicians and 36 exhibitors present for the meeting.

Friday morning started off the weekend with the first of many exciting and informative programs, namely the AAO CODEquest seminar. Following this were the afternoon’s five Industry Supported Symposiums. Friday evening offered time to relax and mingle, while enjoying cocktails and hors d’ouvres at the welcome reception with the exhibitors.

Saturday featured three award presentations and the Mel Rubin lecture entitled “Evidence Based Glaucoma Update” which was delivered by Don Minckler. Throughout the day Scientific Sessions featured lectures by Peter Savino, Susan Bressler, John Sheppard and Frank Bucci, Jr. Following lunch there were three elective workshops led by Paul Weber, D. Bruce May, Jr. and Derek Preece.

The Saturday evening President’s Dinner and Dance was thoroughly enjoyed by all. Many of the doctors even went next door to the children’s party and brought their kids over to dance along with them to The Silvertones Rock and Roll Revue. Current President Mayssa Topino passed the gavel to David Cano, of West Palm Beach, who assumed leadership of the FSO at the meeting’s end.

Sunday morning started off with the OMIC Documentation of Ophthalmic Care lecture.

The meeting concluded with the Subspecialty Symposia sessions (glaucoma, neuro-ophthalmology, refractive surgery, retina).

Next year’s meeting is June 20-22, 2008 at The Breakers in Palm Beach. The special FSO room rate is $190/night. Reservations can be made now by calling 888-273-2537.
Risk Management Guidelines: Physician-Patient Communication

By the Risk Management experts at First Professionals Insurance Company

Communication is both a science and art. It is also a significant motivating factor upon which malpractice claims are pursued or avoided. Inadequate, inappropriate or ineffective communication – including electronic communication – increases the chance of diagnostic error, non-compliance, poor medical outcome and the likelihood of being sued. Conversely, effective communication improves diagnostic accuracy, enhances patient decision-making and increases the likelihood of adherence to therapeutic regimens. There are loss prevention measures shown to reduce errors, deter lawsuits before they are pursued, and preserve defenses necessary to defeat the unavoidable claim. They include:

- Project a caring attitude.
- Encourage patient with non-verbal and verbal facilitation.
- Maintain receptive facial expressions.
- Maintain eye contact.

"Inadequate, inappropriate or ineffective communication – including electronic communication – increases the chance of diagnostic error, non-compliance, poor medical outcome and the likelihood of being sued."

- Slow down. Don’t overwhelm patient with information overload.
- Address the patient according to his/her preference.
- Elicit and listen to patient’s concerns, issues, questions.
- Use simple language and lay terms. Explain medical terms.
MANAGING YOUR PRACTICE

- Use visual aids or analogies to help explain complicated medical issues.
- Listen. Avoid interrupting the patient.
- On initial contact, introduce yourself by name.
- Seek permission to examine the patient and provide explanations.
- Paraphrase or restate what patient said for clarification.
- Avoid paternalistic or authoritarian statements.
- Reword technical medical terms.
- Summarize the facts to assure mutual understanding.
- Relate to the patient as a person – not a clinical condition.
- Don’t patronize.
- Be courteous to relatives and sensitive to their questions or concerns.
- Return phone calls promptly – designate a timeframe.
- Don’t reprimand staff in front of patient.
- Resolve misunderstandings.
- Determine patient’s understanding and confirm “buy in.”
- Develop and convey a plan of future care.
- Don’t conclude conversations while headed to the door or with your back to the patient.
- Summarize each visit/patient encounter and ask the patient to repeat the agreed upon action plan.
- Communicate timing of diagnostic work-up or treatment.
- Ask if all issues have been addressed.
- Document your communication efforts and the patient’s understanding.
- Seek legal or risk management advice when uncertainty arises.

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

First Professionals Insurance Company is Florida’s Physicians Insurance Company and the endorsed carrier for professional liability insurance.
Dr. Bascom Headon Palmer, had a vision and a dream. He envisioned: “An ophthalmology institute in a medical center second to none in the nation. It will be a clinic where both the indigent and others may be treated. It will serve this community as a clearinghouse for research and for reliable and dependable information on care of the eyes and conservation of sight.”

His dream came as a great beacon light of hope to those in “dire need” of eye care. Dr. Palmer spent most of his life working to fulfill that dream. He was able to encourage the Lighthouse for the Blind to provide the land – the site where the Anne Bates Leach Eye Hospital now stands – and raise more than $200,000 to establish the Institute. In 1952 he helped found the University Of Miami School Of Medicine. And, shortly before his death in 1954, he witnessed the inauguration of the new school’s first Division of Ophthalmology.

As your incoming president, I think it’s important to focus on the good work of Dr. Palmer and generate enthusiasm among our members to serve those who are most needy.

I, like Dr. Palmer, share an equal vision that the same care the University of Miami provides in Dade County is available wherever an academic institution like their Eye Institute goes.

After all, philanthropists in Palm Beach, Broward and Collier counties assume their donations will be used for the good works for which the Miami Center has been known. An article from the Miami Herald from July 2004 that is also quoted in the University of Miami website has Bascom Palmer’s Chairman, Dr. Carmen Puliafito, stating: “We provide all the indigent [eye] care in Dade County, and it’s a matter of great pride for us. Any patient is going to get the same medical care, the same technology. We have billionaires -- you’ll see Aston Martins or Bentleys parked out front -- but we’ll also have the person who rafted over in the past six months.”

From my view in Palm Beach County I can see a lot of challenges that face ophthalmologists throughout Florida. As your president I hope we can begin to deal with these issues in an energetic way. Here are some of those issues and my thoughts on what we as ophthalmologists in Florida can do.

1. Serve those people in Florida who have no access to eye care.

In Palm Beach County and throughout all of south Florida there are tens of thousands of people that work hard every day and are losing their vision because of no access to treatment. It’s important that all FSO members reach out to community leaders and donate eight hours a month to screening for glaucoma, diabetes and other vision problems.

2. The challenge of emergency room care.

Throughout Florida emergency care is becoming a major issue. Fewer and fewer physicians are taking call because they are not being reimbursed by the hospitals where they have staff privileges. We owe it to the people of Florida to work as hard as possible to make sure there are ophthalmologists available to provide needed emergency room coverage. One of the roles of our academic institutions as they expand their facilities should be to provide emergency room coverage along the model that Dr. Bascom Palmer envisioned.

3. The role of academic health providers.

One of the newest trends in Florida has been the expansion of well known medical institutions into counties far from their home base. This trend, in ophthalmology, has a silver lining. These well known institutions can help fill the eye health care gap that now exists in Florida. For example, their academic satellite offices can work with community groups to serve the indigent and those with no access to eye care. These well respected brand name institutions can also work to provide emergency care coverage when needed.

Together we can serve our communities’ needs, further the ophthalmic education of all, and more importantly show other sub-specialties how collaboration can benefit the community, community doctors and the University.

It’s a well known fact that for each dollar spent on the prevention of vision loss and eye care, there is a 5 dollar return to the community and that means we need to demonstrate that our profession is a leader in providing such care.

I am very excited about the opportunities the Florida Society of Ophthalmology has in the future. Our state has an elderly and diverse population, with many needs. It’s right and fair that we all give back to our communities that have provided us so much.

It will be my goal as president to work to communicate to you our members on how we can meet the challenges and opportunities in the future.

Unlike those poor people in Nepal, we have more resources here at home and working together we can make a difference right here in our home State and be an example to others.
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What time is lecture tomorrow? Do I have the charts for tomorrow’s cases? How am I going to find time to study for the O.K.A.P? What’s the deadline for abstract submission for next year’s Academy? These are the type of questions that tend to occupy the thoughts of the average Member in Training.

Thanks to the generosity of the Florida Society of Ophthalmology and the mentorship of Dr. Dick Shugarman, I was able to attend Mid Year Forum in Washington DC on April 18-21. Increasing young ophthalmologist participation has been a strong desire of our Academy over recent years, and prompted the establishment of the Advocacy Ambassador program. This program seeks to sponsor and encourage participation from residents and fellows in the hope of stimulating interest and cultivating future advocates for our profession. Why is this important and why should we care? Finally at the culmination of my residency training and as I return home from Mid-year Forum, the answer is lucid.

With my responsibilities as an ophthalmology resident, coordinator of fee-basis Saturday clinics and compensation and pension eye exams at the VA, a father of a 3 year old daughter, and husband of an Obstetrics and Gynecology intern, was this really a priority? I don’t in the least bit consider myself a political pundit or extensively savvy enough on the issues that affect our profession to lobby our Academy’s agenda on Capitol Hill. After much contemplation, I realized, that is all the more reason to participate.

A recent article in Ophthalmology highlighted a deficiency in resident training pertaining to education on business practice and advocacy. A hypothesis is that residents don’t have an interest in learning this aspect or just are unaware of the importance or relevance of this area of our profession. Again, the Academy has recognized this and published a companion to the BCSC series addressing the business of Ophthalmology and ethics in our field. Discussion on possible solutions was varied and included incorporating more lectures on coding, advocacy, and contractual relationships into core curriculum, rotations in billing offices and private practice clinics, and rewriting future OKAP and written boards to include questions covering this material. After some consideration and self-reflection, I feel the answer lies in motivating residents and increasing awareness.

Throughout my training at the University of Florida I have attended at least three 1 hour meetings on billing and compliance, have probably clicked my way through an additional 4 web-based trainings on this issue as well, and still feel quite inept in my ability to code accurately and in a manner that would maximize reimbursement. I’m also aware that controversial issues exist in our profession related to scope of practice and that Medicare cuts continue to threaten reimbursements but could not tell you what the SGR is or if cuts are likely to occur this year. Again why is this? I contend that my unwillingness to understand the importance and naivety are the answer. In discussions with my colleagues, the majority of us agree that we tend to turn a blind eye to this area of training to focus on the clinical knowledge aspects which is perceived as more relevant and important. Unknowingly, we perform a huge disservice to ourselves and our profession.

Through my participation at the mid-year forum, I became acutely aware of many of the issues facing our profession and the entire field of medicine. I plan to return next year with resident reinforcements.