# M. Roy Wilson, MD, MS

Dr. Wilson focuses on US citizens' access to quality healthcare as well as his research in ophthalmic epidemiology.

**1. What are some of the major issues regarding the delivery of quality healthcare in the US?**

Two of them are (1) the large population of uninsured and underinsured adults and children and (2) the presence of health disparities by race/ethnicity. Racial and ethnic minorities (as well as other groups) experience worse health in a variety of circumstances. Called *health disparities*, these differences are reflected by indices such as excess mortality and morbidity and shorter life spans. The issue of health disparities by race and ethnicity is complex and involves socioeconomic status, bias on the part of the healthcare provider, and patients' cultural beliefs—all of which may be contrary to the delivery of quality care.

Regarding the first issue, until we successfully manage the large numbers of uninsured and underinsured in our society, the US will continue to lag behind the other developed countries of the world in leading health indicators such as longevity and infant mortality.

**2. How do you feel that physicians' assessment of and response to glaucoma's impact on patients' quality of life could improve?**

Health-related quality of life (Hr-QOL) has traditionally not been a focus of physicians, particularly in the field of ophthalmology. The past decade, however, has brought an explosion of awareness among physicians of the importance of Hr-QOL from the patient's perspective. It is well documented now that glaucoma has an impact on patients' quality of life. A number of Hr-QOL surveys have been developed, but none is sufficiently specific to glaucoma patients to gain widespread acceptance among ophthalmologists for routine use. Nonetheless, being attuned to the potential impact of glaucoma on patients' quality of life and probing them about quality-of-life issues can help improve their care.

**3. How did your research interest in ophthalmic epidemiology develop?**

As part of its curriculum, Harvard Medical School required students to select a concentration. The concept was similar to a major in undergraduate school but not as formalized. I really didn't know what to do to fulfill this requirement, but I was interested in global issues. I settled on epidemiology as a concentration with the thought that knowledge in this area might be beneficial in addressing global health issues. Alec Walker, PhD, who later became Chair of the Department of Epidemiology at the Harvard School of Public Health, allowed me to work with him. He assigned me to a project that dealt with data on glaucoma risk factors, and I read everything published in the literature on the subject. With Dr. Walker's guidance and mentorship, I was able to publish the results of this project in the *Archives of Ophthalmology*.[1] Since I had become quite knowledgeable about glaucoma risk factors, I decided to pursue ophthalmology as a career. Eventually, while a faculty member at the University of California, Los

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**FAST FACTS**

- President, Texas Tech University Health Sciences Center in Lubbock, 2003 to June 2006
- Chancellor, University of Colorado, Denver, and Health Sciences Center, starting in July 2006
- Executive/Steering Committee, Ocular Hypertension Treatment Study, 1994 to present
- Recipient of the AAO's Senior Achievement Award, 2003
- Lifetime member, Institute of Medicine of the National Academy of Sciences, 2003
- Member, American Ophthalmological Society, 2002

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Angeles, and the Charles R. Drew University of Medicine and Science in Los Angeles, I pursued a formal degree in epidemiology at the University of California, Los Angeles, School of Public Health. Working with Dr. Walker to fulfill a concentration requirement for medical school placed me on a path that would define my career interest.

**4. What is the current focus of your research?**

I continue to be interested in epidemiology, particularly as it relates to glaucoma. I am involved in a large epidemiological study (the Thessaloniki Eye Study) in Thessaloniki, Greece, with Fotis Topouzis, MD, Anne Coleman, MD, PhD, and Alon Harris, PhD. We are now finished with the survey stage and are performing analyses and preparing multiple manuscripts.

**5. How does one transition from being a successful clinician-scientist to an effective leader in academic medicine?**

From the beginning, my career has involved patient care, research, teaching, and academic administration, and that has not changed. Thus, I did not experience an abrupt transition from one career to another. Rather, the proportion of my time spent on each of these activities has gradually shifted over time, with a greater emphasis now placed on academic administration. At some point in the near future, I expect that I will have to give up caring for patients, but I hope to be able to continue performing research and teaching in ophthalmology. ❑

1. Wilson MR, Walker AM, Dueker DK, Crick RP. Risk factors for rate of progression of glaucomatous visual field loss: a computer-based analysis. *Arch Ophthalmol.* 1982;100:737-747.