

Andrew G. Iwach, MD

Dr. Iwach talks about the AAO's public education campaign and how keeping patients happy helps his practice.

What is your role as the AAO's Secretary of Communications?

I work with other members of the AAO to develop public and professional educational programs that encourage Americans to take charge of their ocular health. Most recently, a national telephone survey of 1,200 Americans conducted by the AAO prompted the organization to roll out its EyeSmart Campaign. Ninety percent of the people who responded to the AAO's survey did not know what the risk factors were for eye disease or vision loss. Of greater concern was that at least one third of Americans older than 65 years of age were not scheduling appointments for annual eye examinations. People with a family history of ocular disease did not realize they were more susceptible to similar problems. Moreover, approximately 75% of respondents who were black, Hispanic, and Asian and thus at a higher risk for ocular disease did not realize that family history was an issue.

Has the campaign been effective?

Yes, and we are excited about it. As a result of the study, the AAO released two new guidelines for the frequency of eye examinations.

First, if an individual has vision problems or a known risk factor for ocular disease, he should see an ophthalmologist immediately to resolve the issue. For example, diabetic patients need to have more frequent eye examinations than healthy individuals. If a patient has a family history of glaucoma, he should be seen for a risk assessment and then should schedule future examinations and/or treatments as necessary. Second, if someone has not had a comprehensive eye examination by an ophthalmologist by age 40, we recommend that he schedule a visit.

Individuals do not hesitate to schedule dental appointments, colonoscopies, mammograms, and routine physical examinations. They need to realize that eye care must be added to this checklist. When we surveyed people about their health-related concerns, we found they were more worried about back pain and losing weight than possibly losing their vision. Since the EyeSmart Campaign was launched on July 31, 2007, its

message has reached an estimated audience of 100 million Americans through local and national newspapers, television stations, and the Internet. More information about the AAO's survey and the EyeSmart Campaign is available at <http://www.GetEyeSmart.org>.

You are affiliated with the Glaucoma Research and Education Group (GREG) and the Glaucoma Research Foundation (GRF). What is the relationship between these organizations?

The two organizations work in collaboration. Robert N. Shaffer, MD; John Hetherington, MD; and H. Dunbar Hoskins, MD, created the GRF approximately 25 years ago. Although both organizations promote research into and awareness of glaucoma, GREG's primary mission is to support local clinical research into the causes of and potential treatments for the disease.

For the past 11 years, GREG has organized the Glaucoma Symposium in San Francisco, which I believe is the second largest glaucoma-specific annual meeting in North America.

The GRF follows Dr. Shaffer's philosophy of putting patients first. He was a remarkably ethical, brilliant, talented, and hard-working gentleman who made everyone feel important. Dr. Shaffer set the standard for the quality of care that all glaucoma specialists should strive to achieve.

(Continued on page 56)



FAST FACTS

- Executive Director of the Glaucoma Center of San Francisco, 2005 to present
- Founding member and Executive Director (1994 to present) of the Glaucoma Research and Education Group in San Francisco
- Treasurer (2003 to present) and member of the Board of Directors (2000 to present) of the Glaucoma Research Foundation
- Recipient of the AAO's Honor Award and Senior Achievement Award, 1994 and 2004, respectively
- The AAO's Secretary of Communications, 2006 to present

(Continued from page 58)

How do you use technology in your new practice?

One pitfall of technology is that practitioners can be overly reliant on it or assume it is better than it may actually be. For example, diagnostic devices such as the GDx (Carl Zeiss Meditec, Inc., Dublin, CA) the Stratus OCT (Carl Zeiss Meditec, Inc.), and the Heidelberg Retina Tomograph (Heidelberg Engineering GmbH, Heidelberg, Germany) all provide valuable information. When I use these machines, I keep in mind that technology will typically progress more quickly than the optic nerve. Also, I am most confident the machines are working correctly only when their results agree with my clinical assessment. Although automated imaging is important to diagnosing and treating glaucoma, we physicians must always examine the optic nerves ourselves to ensure that the data make sense. When I teach practitioners about diagnostic technology, I show examples of how easy it is to be misled by the printout alone. I do not mean that these instruments are not useful. Rather, physicians must be aware of the machines' limitations and use the technology appropriately.

What factors did you consider when your practice moved from a medical complex to a stand-alone center?

Our practice was in the same location for 70 years before we moved in 2005. To find a new location, we enlisted the help of a number of consultants, only to find that all of their recommendations would not work. Because I was concerned that our patients would not be able to find us after we moved, I decided to ask them how they typically traveled to see us and whether our moving to a particular location would make it easier or more difficult for them to keep their appointments. I found that a surprising number of my patients in the San Francisco Bay area take public transportation, which greatly influenced our choice of location.

Since we moved our practice closer to public transportation, our patient volume has risen unexpectedly. The old business adage applies here: talk to your customers, talk to your end-user, and talk to your patients. I apply this philosophy to everyday interactions as well. I ask my patients, "How is our front desk staff? Were they helpful?" When they return from testing, I ask if the technicians were nice to them or if they had to wait a long time. Most of the time, my patients tell me that the staff was great. If they mention they had a problem, we ask them what we can do to prevent a similar situation in the future. They love to offer their input. With all the changes in medicine and the financial pressures on our profession, we need to stay focused on our patients. I am glad we listened to our patients before we moved our office, because their input helped us make the right decision. □