Michigan Medical Marijuana Law and Glaucoma

The 10 Best Athletes in Detroit

Truth Squad for Science
Our Mission

The mission of the Michigan Society of Eye Physicians and Surgeons is to serve the total visual health care needs of Michigan’s citizens through public and professional education, membership services, and legislative advocacy. The Michigan Society of Eye Physicians and Surgeons is dedicated to the public’s direct access to an ophthalmologist’s care.

Our Vision

The Michigan Society of Eye Physicians and Surgeons is the leader in promoting visual health with quality, accessible, and affordable “total” eye care.

MiSEPS Governors

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Evan H. Black, MD</td>
<td>Treasurer</td>
<td>David B. Krebs, MD</td>
</tr>
<tr>
<td>President-Elect</td>
<td>Gregory B. Fitzgerald, MD</td>
<td>Secretary</td>
<td>Timothy P. Page, MD</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Lance C. Lemon, MD</td>
<td>Immediate Past President</td>
<td>Lance C. Lemon, MD</td>
</tr>
<tr>
<td>Communications Chair</td>
<td>Robert J. Granadier, MD</td>
<td>Legislative Chair</td>
<td>Arezo Amirikia, MD</td>
</tr>
<tr>
<td>Legislative Co-Chair</td>
<td>John D. Roarty, MD</td>
<td>PAC Chair</td>
<td>Timothy P. Page, MD</td>
</tr>
<tr>
<td>Membership Chair</td>
<td>David B. Krebs, MD</td>
<td>Public Service Chair</td>
<td>Anne M. Nachazel, MD</td>
</tr>
<tr>
<td>YOS Co-Chair</td>
<td>A. Luisa Di Lorenzo, MD</td>
<td>Third Party Payor Liaison</td>
<td>Dianne M. Schlachter, MD</td>
</tr>
<tr>
<td>Director Regions 1 &amp; 7</td>
<td>Joseph E. Zeiter, MD</td>
<td>AAO Councilor</td>
<td>AAO Councilor</td>
</tr>
<tr>
<td>Director Region 2</td>
<td>Jeffrey N. Wentzloff, MD</td>
<td>AAO Alternate Councilor</td>
<td>AAO Alternate Councilor</td>
</tr>
<tr>
<td>Director Region 3</td>
<td>Thomas M. Aaberg, Jr., MD</td>
<td>MSMS Delegate</td>
<td>MSMS Delegate</td>
</tr>
<tr>
<td>Director Region 4</td>
<td>Daryl J. Zelenak, DO</td>
<td>MSMS Alternate Delegate</td>
<td>Annual Conference Chair</td>
</tr>
<tr>
<td>Director Region 5</td>
<td>David D. Gossage, DO</td>
<td>General Accountant</td>
<td>General Accountant</td>
</tr>
<tr>
<td>Director Region 6</td>
<td>Tina D. Turner, MD</td>
<td>Senior Accountant</td>
<td>Senior Accountant</td>
</tr>
<tr>
<td></td>
<td>James E. Puklin, MD</td>
<td>General Counsel</td>
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<td>Senior Lobbyist</td>
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<td>Lobbyist</td>
<td>Lobbyist</td>
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<tr>
<td></td>
<td></td>
<td>Strategic Communications</td>
<td>Advisor to Executive Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administrative Assistant</td>
<td>Administrative Assistant</td>
</tr>
</tbody>
</table>

Executive Director: Gregory J. Chancey, MBA

CONTENTS

MiSEPS Governors

President
President-Elect
Treasurer
Secretary
Immediate Past President
Communications Chair
Legislative Chair
Legislative Co-Chair
PAC Chair
Membership Chair
Public Service Chair
Third Party Payor Liaison
YOS Co-Chair
YOS Co-Chair
Director Regions 1 & 7
Director Region 2
Director Region 3
Director Region 4
Director Region 5
Director Region 6
AAO Councilor
AAO Councilor
AAO Alternate Councilor
AAO Alternate Councilor
MSMS Delegate
MSMS Alternate Delegate
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Senior Lobbyist
Lobbyist
Strategic Communications
Advisor to Executive Director
Administrative Assistant

Robert J. Granadier, MD
Arezo Amirikia, MD
Anne M. Nachazel, MD
Robert J. Granadier, MD
Arezo Amirikia, MD
James E. Puklin, MD
James E. Puklin, MD

Paul D. Pew, CPA
Patrick J. Haddad, JD
Timothy R. Ward, JD
Cia Segerlind
Michael A. Rott
Philip C. Hessburg, MD
Theresa L. Wiley

Evan H. Black, MD
Gregory B. Fitzgerald, MD
David B. Krebs, MD
Timothy P. Page, MD
Lance C. Lemon, MD

Robert J. Granadier, MD
Arezo Amirikia, MD
James E. Puklin, MD
Anne M. Nachazel, MD
Theresa M. Cooney, MD
Patrick J. Droste, MD
Lori A. Stec, MD
John D. Nemes, CPA
Paul D. Pew, CPA
Patrick J. Haddad, JD
Timothy R. Ward, JD
Cia Segerlind
Michael A. Rott
Philip C. Hessburg, MD
Theresa L. Wiley
In December 2011, I summarized the “Three Pillars” of our Society – Advocacy, Education and Service. Now let’s take a closer look at Advocacy, and our Legislative Priorities for 2012:

Surgery by Surgeons

We know that Ophthalmologists are uniquely qualified to perform eye surgery and understand the relationship of the visual system within the context of the patient’s overall health. We also know the American Optometric Association (AOA) has made no secret of its national agenda to legislatively add surgical privileges to the optometric scope of practice in every state. The American Academy of Ophthalmology (AAO) expects an unprecedented optometric push in 2012, and is currently aware of 14 states with pending pro-optometric bills. Legislation that would cede this authority to optometrists would be a serious threat to patient safety in Michigan. Both legislators and citizens must be educated on the fact that eye surgery should only be performed by Allopathic or Osteopathic physicians who have undergone extensive medical education and surgical training, and possess appropriate Board Certification. Optometrists simply do not have the education and training required to perform surgery or manage the kinds of serious situations that arise with surgery.

Medical Marijuana

Michigan law has inappropriately included glaucoma as a medical condition that benefits from treatment with Marijuana. In fact, the inclusion of glaucoma in this statute creates a potentially blinding consequence. Unfortunately, many patients forgo the use of scientifically proven medical and surgical therapies, exclusively using medical marijuana which increases their risk of irreversible visual loss and blindness.

The Michigan Society of Eye Physicians and Surgeons, the American Academy of Ophthalmology, the American Glaucoma Society, the National Eye Institute, the American Medical Association, and the Michigan State Medical Society — based on the best scientific evidence available, do not support the use of Medical Marijuana for patients diagnosed with glaucoma.

Vision Screening for Children

Michigan has an exemplary vision screening program for children administered by the Department of Community Health. It is part of the $5,150,000 line item for vision and hearing screening that originates in the School Aid Fund. It is a successful program that has been studied carefully and captures most of the children in the state. Vision screening is highly beneficial and cost effective. Governor Snyder included this key program in his executive budget recommendation, and it deserves continued legislative support.

Please be part of the solution by helping us achieve success with our Strategic Advocacy Initiatives.

How you can help

Please assist our dedicated MiSEPS Legislative Team by contacting your Senator or Representative relative to our agenda items — educating them on what is good, proper and right! Your PAC contribution is also needed. Your colleagues work very hard on behalf of Michigan ophthalmologists, their patients and citizens. Please be part of the solution by helping us achieve success with our Strategic Advocacy Initiatives. You will find your legislators’ contact information on our website at www.MiSEPS.org under the Legislative tab. You will also find the address for which to contribute to the MiSEPS PAC Fund.
Political contributions afford the attention needed to educate our elected officials about the issues that are important to our members and their patients. Our lobbyists use your donations to gain a louder voice in government.

Key issues such as tort reform and scope of practice are all decided at the state level. Your contributions are critical to the success of our lobbyists as they strive to educate our representatives in Lansing – ensuring outcomes that will support our profession and our patients.

Please donate today!

Tim Page, MD
PAC Chair
The Michigan Society of Eye Physicians and Surgeons (MiSEPS) boasts an impressive 73% membership rate among ophthalmologists in our state. This rate is one of the highest percentages of membership for state ophthalmologic societies! So, why does MiSEPS have such a strong membership base? In addition to the basic pillars of our society (advocacy, education & public service), there are significant member privileges. MiSEPS executive leadership, directors, department heads and committee leaders all work hard on the general membership’s behalf for allowing such fine benefits. In addition, MiSEPS has a camaraderie that is seldom seen in professional societies. We are a large group of colleagues and friends. We share common interests and goals, and all of us wish to preserve the integrity and future of our profession.

So, I’m sure you’re wondering... What can I do to help?

Our first mission this year is the “Recruit a Member” campaign. We would like to see every ophthalmologist in the state become a member of our specialty society. If a potential member disagrees with something MiSEPS is doing, kindly remind them that only as a member do they have a voice! Our society is fluid and exists for the benefit of our members and our patients. If a potential member insists they “aren’t into politics”, reinforce that we are first and foremost an educational society for doctors and patients alike. We provide world class continuing medical education through our outstanding annual conference and winter meeting, and public service for our citizens. If a potential member is no longer in practice, remind them that retired ophthalmologist memberships are free! Ophthalmologists in training, both residents and fellows, also benefit from free membership and there are discounted dues while beginning in practice. If a potential member has concerns that their membership will upset their optometric colleagues, emphasize that the optometrists have 100% membership in their state society and that we are not an anti-optometric organization. We strive to work together with all eye healthcare providers to ensure the coordinated and highest quality eye care for the people of Michigan. Lastly, if a potential member states that MiSEPS is just too expensive, please refer them to our website www.MiSEPS.org and our Executive Offices at (313) 823-1000 to inquire about the exceptional member benefits such as vendor & supplier discount and rebate programs, partnership alliances, physician referral, third party payor information and entertainment. These, when used, will easily pay for their dues!

Our second membership mission this year is “Get Involved”. There are many opportunities to become involved with MiSEPS, no matter where in the state you live. Regional directorships, department heads and committee leaders are just a few ways. Our Young Ophthalmologist Section (YOS), viewed as the finest in the nation by the American Academy of Ophthalmology, is a great starting point for our residents and fellows! Consider contributing an article to our award winning Eye on Michigan magazine. MiSEPS also has a Legislative Ambassador Program, where ophthalmologists are paired up with their local state representatives to provide one-on-one education relative to issues that affect ophthalmology and patients with eye disease.

With the support of our membership and the continued volunteerism of our board, we can strengthen our society, achieve our goals, and prepare for the uncertain future of healthcare in Michigan. I am proud of our leadership’s accomplishments! The Michigan Society of Eye Physicians and Surgeons is the State organization for our specialty. MiSEPS represents our profession!
Membership in the Michigan Society of Eye Physicians and Surgeons means access to savings and secure relationships with service providers you can trust. We are continuously looking for new vendors with whom we can partner to offer you value for your MiSEPS membership investment.
Since the passage of the Michigan Medical Marijuana law, there is a growing concern among ophthalmologists in our state about patients using marijuana for the treatment of glaucoma.

It is the opinion of the Michigan Society of Eye Physicians and Surgeons (MiSEPS) that glaucoma should be excluded from the list of painful, chronic diseases such as ALS, AIDS, Chronic Wasting Syndrome, Cachexia and Cancer as it was presented to voters in 2008 (see MiSEPS Official Statement at www.miseps.org). MiSEPS representatives, including Drs. Tim Page, Sy Moroi, Bob Granadier and Executive Director Greg Chancey traveled to the Senate Judiciary Committee to present our position on March 20th. Backed with statements from the American Academy of Ophthalmology, American Glaucoma Society, National Eye Institute, Institute of Medicine, and the University of Michigan, our position was made clear to the senators.
The concern is that patients may believe marijuana is a viable option for the treatment for glaucoma. Despite scientific evidence to the contrary, and despite major academic societies and institutions producing official statements against the use of marijuana for glaucoma, the supporters of medical marijuana continue to perpetuate the myth that marijuana is a good treatment for glaucoma. A simple visit to any number of medical marijuana websites promotes marijuana as a treatment for glaucoma. Some sites even make the claim that surgery can be avoided by smoking marijuana (see www.medicalmarijuana.net).

Two years ago I had the routine experience of diagnosing a patient with glaucoma. What was not routine was his response. When I told him he had the potentially blinding disease, he did a fist pump stating "Yes!" I was surprised by this and I explained to him that while his prognosis was very good, it was certainly nothing to celebrate. He told me that he had been smoking pot for 30-some years and he had been hoping to get a Medical Marijuana Certificate. I spent a lot of time and had a long discussion with this patient. I told him I didn’t care what he did with his marijuana use, but that it was imperative that he take the medication I had prescribed him. He promised he would take his drops, and on his one-month follow-up, the medication appeared to be effective in reducing his IOP.

That was the last I saw of him for a very long time. He didn’t return for his four-month follow-up. More than a year passed before he returned. He reported that he had stopped taking his drops. He felt that by everything he had read and learned that he was treating his glaucoma with marijuana. Unfortunately, his visual field demonstrated field loss.

How many patients believe they can treat their glaucoma with marijuana? According to the president of the Michigan State Medical Society, Steve Newman, only 500 certificates of 130,000 granted in Michigan for medical marijuana were for glaucoma. Interestingly, only a few of those 500 were written by ophthalmologists. Like the patient described above, anyone with the diagnosis of glaucoma can get their certificate. It doesn’t have to be written by a qualified ophthalmologist. And therein lies the public health concern.

Our goal is to protect patients from misinformation and potentially harmful, blinding practices in the state of Michigan. No matter what the situation, MiSEPS will always follow its mission to serve the total visual health care needs through public and professional education and legislative advocacy.

*Special thanks to Theresa Cooney, MD for her support and collaboration on this piece of legislation.*
Both the 2007 and 2008 Grand Prix events generated over $50 million in estimated economic impact for the Metro Detroit region. Over 100,000 people attended the Detroit Belle Isle Grand Prix events in both 2007 and 2008.

BELLE ISLE IMPROVEMENTS

- Since the Grand Prix returned to Belle Isle in 2007, event organizers have made over $6 million in lasting improvements to Belle Isle
- Installing over 150,000 square feet of new concrete for road improvements and other modifications for more exciting competition
- Repairing damaged lighting and drainage systems
- Renovation of Scott Fountain and the Belle Isle Casino
- Installing over 460,000 square feet of concrete for paddock area and fan interaction to provide a cleaner and more comfortable race experience
- Installing new pedestrian bridges and playscapes
- New concrete areas can also be used by park visitors for parking and community events and activities year round

COMMUNITY IMPACT

Join fellow MiSEPS members for a fun-filled weekend!

The Chevrolet Detroit Belle Isle Grand Prix returns to the Motor City on June 1-3, 2012. The event will feature the cars of the IZOD IndyCar Series, the Grand-Am Rolex Sports Car Series, the Indy Lights Series and the Pirelli World Challenge Championship Series. The weekend collectively is referred to as the Chevrolet Detroit Belle Isle Grand Prix.

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If I composed this list at the turn of the millennium, I might as well have called it the “Top 10 Red Wings”— but times they are a-changin’ in Detroit. The Tigers have a few of the top players in baseball and a strong supporting cast, the Lions — yes those Lions! — are quickly building a contender around an explosive offense, the Red Wings are — and probably always will be — among the best, and the Pistons have gone there and back again. Unfortunately right back to bad.

Let’s clarify the rules first. This list is my Top 10 Detroit athletes right now. It’s not going to include many young players with unfulfilled potential or veterans whose All-Star days are behind them. They’re professional, i.e. paid, athletes. If I were in Ohio the list would be chock-full of Buckeyes (zing!), but I’m in Michigan, where as far as we know studs like UM’s Denard Robinson and MSU’s Draymond Green aren’t earning a paycheck yet.

I’d be remiss if I didn’t include the guys who missed the list. These players include: Greg Monroe, Rodney Stuckey and Brandon Knight of the Pistons; Jose Valverde, Doug Fister, Brennan Boesch and Austin Jackson of the Tigers; Cliff Avril, Brandon Pettigrew and Louis Delmas of the Lions; and Valtteri Filppula, Johan Franzen, Niklas Kronwall, Ian White, Todd Bertuzzi and Jimmy Howard of the Red Wings.

Now on to the top 10:

Zetterberg’s been banged up all year and his overall numbers show it, but he’s still an immensely talented player. When healthy, on any other team he’d consistently be at the top of scoring standings. He’s still only 31, which in hockey years means he could have another decade of good hockey left in him.

How good is the Tiger in the mask? Ask the baseball nerds. His on base plus slugging % (OPS) was .895 in 2011 – the highest for any catcher in baseball and 19th overall. He works every at bat and manages the game almost flawlessly. Catcher is such an extremely important position in baseball and the Tigers appear to be set for a long time.

Eighth on my list without even having an official at-bat as a Detroit Tiger? That’s impressive. Fielder opted to follow his estranged father’s footsteps toward Detroit. I’d say it’s a surprise, but I can think of 214 million reasons why it isn’t. No one is worth that kind of money, but Fielder might earn it back for Mr. Illitch in ticket and jersey sales. Despite his defensive shortcomings, Fielder gets on base and knocks the ball out of the park — 230 times so far to be exact.
Mr. Suh had a rough 2011. He was still incredibly effective, ask Cliff Avril and his pending contract, but his overall numbers plummeted due to teams game-planning around him. Frustration may have built up as Suh had several mental collapses last year, most notably his Packer stomp on Thanksgiving that resulted in a two-game suspension. I know he tarnished his image a bit, but Suh’s an elite player at an extremely important position.

Want to know how good Stafford is? Go into a bar anywhere in the country and bring up the conversation, “Which one NFL player would you pick to start a franchise with?” If you said Matthew Stafford, you wouldn’t get laughed at—in fact, in my opinion, only he, Cam Newton or Aaron Rodgers are acceptable answers. Stafford defied critics with a 5,000 yard 41 TD season as the Lions returned to the playoffs for the first time in 12 years.

When all is said and done, Lidstrom will be in a trio of the greatest Red Wings of all-time. The seven time Norris Trophy winner is seeing his minutes and numbers start to dwindle just a little, but he is still playing at a high level. Lidstrom is still among the best defenders in the NHL and extremely important for the Wings if they’re going to make a run at the Cup.

I can’t believe Cabrera is only #4 on this list. He led the majors in hitting a season after an ugly DUI incident that several national pundits thought would ruin his career. Out of any major leaguer still in the prime of their careers, Cabrera has the best shot at 3,000 hits. He’s already over halfway there and not even 29 yet. It’s scary to think what he’ll do with Fielder hitting behind him.
As my mom would say (imagine old lady voice): “The way he takes that puck and puts it in that net is amazing!” Datsyuk has been a shining star for the Red Wings for over a decade now and his current injury status doesn’t affect his ranking. He can usually be found among the league leaders in scoring and is an even better defensive forward — a three time Selke Award winner. He is the Red Wings and his being on the team made the retirement of Steve Yzerman much less painful.

When the Lions were awful, Calvin Johnson was still among the best receivers in the game. As the team improved, Calvin flourished. A matchup nightmare, the 6’5” receiver set the Lions record for single season touchdowns and embarrassed opposing defensive coordinators (I’m looking at you Rob Ryan). If these guys stay healthy, Stafford-to-Johnson has the potential to go down in the history books with Montana-to-Rice.

Already a top-tier ace, Justin Verlander elevated his career to new heights in 2011. His numbers were truly amazing. 24-5 record, 2.40 ERA and .92 WHIP. He concluded his season by winning the Cy Young and MVP awards. People in Philadelphia, Los Angeles and San Francisco might tell you he’s not the best pitcher in baseball. Don’t believe them. He did it in the American League. He’s facing superior lineups and only sees a pitcher in the batter’s box once in a blue moon. In 2011, he had one of the greatest seasons ever by a pitcher.

There you have it – just another guy’s crack at a Top 10 list. No matter what order you put these guys in, the one thing that quickly becomes evident is that there is a lot of reason for optimism if you’re a Detroit sports fans these days. The next few years are going to be a lot of fun.
25th EyesOn Design
A Celebration of Design

Father's Day June 17, 2012 | Edsel & Eleanor Ford House, Grosse Pointe Shores, MI
A Benefit for the Detroit Institute of Ophthalmology
Truth Squad for Science

By Philip C. Hessburg, MD

Wouldn’t it be wonderful if one, or several, young brilliant researchers in the field of medicine and/or ophthalmology created a Truth Squad for science? The junk science that all of us see so frequently in the media could be intelligently addressed. Recently noted examples that I find suspect:

Prevention Magazine advertisement, November 2011 – “My eyesight improved significantly!” with a testimonial from Earle of North Vancouver BC for Blueberry Eye Bright Pills available at your local Walgreens with the testimonial, “No one was more impressed than my optometrist.”

A Laura Johannes article in the Wall Street Journal dated in October 2011. “Tired Eyes? A Look At 4 Remedies”, highlighting computer eye strain formula, “A daily supplement sold by EyeScience Labs LLC of Columbus, Ohio” to “ease the computer inflicted eye strain that’s all too familiar to many computer and Smart Phone users.” In this piece it does quote, Matthew Gardiner, director of ophthalmology emergency services at Mass Eye and Ear in Boston, who has a low-tech solution: “People should blink more.”

A new cardiovascular advance at Detroit Medical Center using an “arterial drill technique” heralding it as the first cardiac care facility in Michigan to successfully open a patient’s blocked artery with a breakthrough technology that operates like an electrically powered corkscrew drill. In the Wayne County Medical Society October 10, 2011, “Fortunately, however, the new ‘corkscrew catheterization’ technique that was unveiled at CVI yesterday doesn’t require surgery at all. Instead, this state-of-the-art procedure uses a drill-like catheter powered by a small electric motor to remove the plaque-buildup on the walls of the artery quickly and painlessly. Because the breakthrough technique doesn’t involve any surgery…” One wonders how the corkscrew drill-like catheter gets into the small artery in a non-surgical fashion. Perhaps it enters the body as a pill with divine GPS-directed pathway to the offensive plaque. Methinks, though, that somewhere along the line, the magical device enters the skin in an appropriate location which, in my mind, qualifies as “surgery.”
Much of this stuff which causes ophthalmologists simply to shake our heads in wonderment confuses the general public, may cause them to waste precious health care dollars, worries them unduly as parents or grandparents, and goes unchallenged.

I would favor a Truth Squad here within the Michigan Society of Eye Physicians and Surgeons. Or, perhaps, we might present a C.A.R. (Council Advisory Recommendation) at the American Academy of Ophthalmology for our national organization to contest these often unsubstantiated and nutty pieces.

Article in the Grosse Pointe News last August 4th, Danna Haba, in a column entitled, “Ask the Experts” discussed children’s vision and gave a comprehensive discourse on visual problems of children “signs your child may have a visual or a visual processing problem” which included:

- Holds reading material closer than normal
- Tends to rub eyes
- Has headaches
- Uses finger to maintain place while reading
- Performs below potential
- And on and on and on

Dr Haba is a Fellow of the College of Optometrists in Vision Development and Clinical Director for Excel Institute of Shelby, where she “treats vision problems".
Are You Focused on Your Financial Health?

You know the value of periodic check ups when it comes to your vision, these same principles apply to your financial health as well. We specialize in providing complete unbiased financial guidance.

Call us today to schedule your complimentary financial fitness review. Don’t forget to inquire about our special discounts available exclusively to MiSEPS members.

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Recent events in Kentucky provide another opportunity to revisit, reexamine and restate the Michigan Society of Eye Physicians and Surgeons (MiSEPS) position with respect to Optometry. Why is this necessary? First, it is necessary to assure our members that the Society remains dedicated to our mission of serving Michigan’s citizens, of promoting Ophthalmology, and of ensuring the public’s access to safe, high quality care provided by an appropriately educated, trained, licensed and certified physician -- an Ophthalmologist. Second, many non-members cite the Society’s perceived active opposition to organized Optometry’s pursuit of increased scope as the chief reason that they choose not to join MiSEPS or to not support the Society’s legislative advocacy. Third, and possibly the most important, is that there are multiple significant misconceptions regarding the Society’s position with respect to optometry within the spectrum of eye care.

Access to a “qualified provider” is a justification argument that organized Optometry has used effectively in their pursuit of increased scope of practice, including surgery throughout the country. In Kentucky, the issue was presented so effectively that it provided legislators the “cover” necessary to avoid public backlash. MiSEPS has analyzed the distribution of Ophthalmologists throughout the State of Michigan. There is no area in the state where patients are farther than 10 miles from an Ophthalmologist, and in nearly all areas there is an eye physician available within a five mile radius. The Michigan Optometric Association has used the access to a “qualified provider” argument effectively in prior legislative efforts in Michigan. They used it in bills that have allowed full prescribing privileges and the privilege of treating glaucoma without consultation or oversight by an Ophthalmologist. In fact, there are many rural areas in the state where the availability of an Ophthalmologist is equal to or greater than availability to an Optometrist. MiSEPS leadership will continue to present this information in a factual manner to the legislature in our efforts to promote safe, high quality care for Michiganders.

Many non-member Ophthalmologists misconstrue MiSEPS “opposition to increased optometric scope of practice” as “anti-optometry”. They fear that, or have been misinformed that, membership in the Society is considered unsupportive of their referral doctors from Optometry. This is often used as reasoning for non-membership in the Society, as well as a reason not to support MiSEPS legislative advocacy.

It should be noted that your elected leadership of MiSEPS has great respect for the profession of Optometry, and recognizes that many Ophthalmologists practice in rural areas of the State and have significant referral relationships with Optometrists based on mutual respect and the desire to provide the highest quality care to mutual patients. The Society respects those relationships and recog-
nizes that Ophthalmology and Optometry will need to act collaboratively to meet the demands for care of the expanding Baby Boomer patient population requiring medical and surgical eye care in the future. Additionally, MiSEPS does not desire to negatively affect those relationships. In fact, MiSEPS promotes increased collaboration between Ophthalmology and Optometry with the proviso that the care be safe, cost effective, transparent, professional, ethical, and first and foremost, always be in the patient’s best interest. Co-management should always be a patient choice. Care must only be delegated to individuals who possess the proper education and training, and not a routine business arrangement or expectation of the referring doctor (See www.aao.org for AAO Code of Ethics and Cataract Co-Management White Paper).

Membership in the Michigan Society of Eye Physicians and Surgeons should not be considered opposition to optometry or obstructive to collaboration between Ophthalmology and Optometry. Nor should it be equated with non-recognition of the value of an Optometric education. Many of our colleagues have worked hard to establish highly effective and safe referral relationships. Many others have made a choice not to pursue similar relationships. Both should be respected for their choices. However, we should all be able to agree that invasive surgical care whether by injection or with laser, or scalpel should only be provided by physicians and surgeons with the following qualifications:

- Graduation from an accredited Allopathic or Osteopathic Medical School
- Successful completion of an accredited Residency/Fellowship Training Program
- Successful achievement of American Board of Ophthalmology Certification or Board Eligibility
- Recertification by the American Board of Ophthalmology as required
- Holder of a valid unlimited Michigan license to practice medicine and surgery
- Credentialed to perform procedures by appropriate Peer Review Organization

Don’t forget all the training that was required to educate and prepare you to practice as a physician and surgeon. Medical School is not an idle exercise. Those who characterize it as such are uninformed. Don’t sell yourself short by not advocating against others who have not had the same level of training or education, yet desire and seek the same privilege by legislative authority.

Finally, what does this mean with respect to membership in the Society and being part of a group of your peers? It should be considered recognition of the unique and extensive education and training and the fact that the Society exists to assist your patients and to serve you. If you are not a member, become a member of the Michigan Society of Eye Physicians and Surgeons. Contribute to the MiSEPS PAC (www.MiSEPS.org). Support the American Academy of Ophthalmology Surgery by Surgeons Fund (www.aao.org). After all, it would be a shame if Michigan citizens suffered the same fate as those in Kentucky.

There is no area in the state where patients are farther than 10 miles from an Ophthalmologist, and in nearly all areas there is an eye physician available within a five mile radius.
Envision Henry Ford Community College Ophthalmic Technicians in your practice!

Henry Ford Community College’s Associate in Applied Science in Ophthalmic Technology degree was established in collaboration with the Detroit Institute of Ophthalmology and physicians of the Michigan Society of Eye Physicians and Surgeons. The objective of the program is to educate and train ophthalmic personnel, prepare them to meet certification requirements, and ultimately enter the work force to participate in ophthalmology in order to meet the future demand for eye care.

Henry Ford Community College Ophthalmic Technician program students are engaged in a systematic approach to acquire critical skills within the Scope of Ophthalmic Medical Personnel as defined by the Joint Commission on Allied Personnel in Ophthalmology (JCAHPO). Over 90% of 2011 program graduates are currently employed and utilizing their academic and practical experiences gained from the program in such environments as hospital-based clinics, private practices and under the supervision of eye physicians and surgeons.

To learn more about how Henry Ford Community College Ophthalmic Technician program students can enhance your practice, please call 313.317.1720, or visit http://www.hfcc.edu/programs.

Henry Ford Community College
www.hfcc.edu
Electronic prescribing of controlled substances is permitted under both federal and Michigan law. As a practical matter, Michigan physicians presently cannot e-prescribe controlled substances in Michigan. The reason is that it is necessary for pharmacies to have DEA compliant-certified software applications and such applications are not presently available to pharmacies in Michigan. A prescriber would also need a DEA-compliant application to lawfully transmit electronic prescriptions for controlled substances.


Federal law specifies various requirements which must be satisfied in order for prescriptions for controlled substances to be prescribed electronically, including certification requirements for software applications. The DEA itself does not certify electronic prescribing applications for prescribers and pharmacies. However, the DEA may approve the certification processes of eligible organizations which in turn may certify compliant software applications. To date, the DEA has published its approval of one certifying organization. Another organization has an application pending with the DEA. Both of these organizations are Authorized Testing and Certification Bodies (ATCB) for the Office of the National Coordinator (ONC).

The DEA’s rules provide that before any application may be used for electronic prescribing for controlled substances, it must be reviewed, tested and determined by a third party to meet all of the requirements of federal regulations. There are two alternative processes for review and certification of EPCS applications: a third-party audit conducted by a person qualified to conduct a SysTrust, WebTrust or SAS 70 audit or a certified information system audit meeting federal standards; or a certification by a certifying organization whose certification process has been approved by DEA, which certification verifies that the application meets all of the requirements specified in federal regulations. Review of processing integrity is required under either type of review.

Presently, there is one stand alone e-prescribing application certified for use by physicians for controlled substances. Various electronic medical record vendors are expected to soon offer e-prescribing modules for controlled substances as well. It is important for physicians to remember that even if their medical practices have the necessary e-prescribing application, controlled substances cannot legally be prescribed electronically in Michigan until pharmacies in Michigan are equipped with applications certified to receive e-prescriptions for controlled substances.

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Lease vs. Buy? This question often arises with respect to your automobile, however, have you considered the option as it applies to your medical office space? There are several factors to consider when deciding whether to buy or lease the medical office space where you practice medicine, and although such a decision is a personal one, you should always consider the factors involved. In today’s environment with reasonable interest rates and a buyers’ real estate market, it may appear that buying is the way to go, however, the decision is one which may affect your future as well. The following factors should be considered when making this decision:

Cash Outlay: Generally, the purchase of office space will require approximately a 10% to 30% down payment, along with the cost of an appraisal, building inspection and closing costs, while leasing may only require a first and last month’s security deposit. After the initial cash outlay, ownership costs are basically fixed, while lease expense will probably increase with each lease term.

Financing: Recent market conditions have slowed the loan approval process by banks and made it more of a challenge to be approved for many small businesses. U.S. Small Business Administration (SBA) loan programs are available for small businesses that qualify and they offer flexible financing arrangements. Most banks require a down payment of 20% to 30% of the purchase price, while the SBA only requires a 10% down payment. Unlike your home mortgage, the mortgage note on a commercial building normally matures or comes due every five years. Some banks and the SBA offer a ten year note. For example, you may have a mortgage on your commercial building that is being paid off over a twenty year period, but when the five year mark hits, the bank requires you to apply for a new loan. At this time you will renegotiate the terms of the loan, including the interest rate and the amortization period (i.e. the period of time over which the payments are made). The amortization period of 15 to 20 years is most common but in some cases you can obtain a 25 year amortization.

You should be aware that if you have a fixed interest rate on your commercial mortgage, you will normally be assessed a penalty if you pay off your loan prior to the note coming due. Banks
do not normally charge a penalty if the interest rate is not fixed (i.e. floats up and down).

**Self Rental:** Under ownership, your medical practice will be a "tenant" of your building and will pay rent, according to comparable rental values, along with all real estate taxes, insurance and maintenance, under a "triple net lease" agreement. Such expenses are tax deductible to your medical practice. In addition, as owner and tenant, you make the decisions as to how you would like to maintain your space (i.e. enlarge the parking lot, remodel, etc.). When leasing your office space, although you relinquish the responsibility for the upkeep of the property, you also may not have much say in how the property is maintained.

Equity for the Future: Owning your own office space allows you to build up equity in a profitable real estate market and may provide income from other tenants upon retirement. Leasing does not build up any equity; however, it allows you flexibility as you are able to change location and environment upon the end of the lease term. Leasing is a good option if you don't know how fast or how much your business will grow (i.e. will you take on additional partners in the future or practice solo?).

**Legal Considerations:** Generally, the ownership of commercial real estate should be in the name of a limited liability company (LLC), whose member(s) may include you, your spouse or both. A LLC is an entity established in accordance with state law and is owned by its member(s). An LLC may have one or more than one member. The net income or loss of an LLC passes through to the members, who in turn, pay tax on the income or deduct the loss, if allowable, on their own tax returns. This form of ownership limits liability and allows anonymity for the members. As for leasing, commercial leases allow for negotiation on the amount of rent, the lease term as well as additional expenses involved and therefore, the use of an attorney in reviewing and/or negotiating lease terms is very important. Please note that real estate agreements must be in writing to be enforceable.

**Tax Considerations:** While lease payments are tax deductible, only the interest portion of your mortgage payment is deductible. However, the portion of the purchase price allocated to the building and building improvements are deductible over 39 years, which is the useful life of commercial property as defined by the Internal Revenue Service (IRS). For example, a building costing $700,000 may deduct $15,385 annually for 39 years against the rental income received calculated as follows: ($700,000 - $100,000 allocated to land equals $600,000 allocated to the building; $600,000/39 years equals $15,385 deductible per year). The IRS does not allow the write-off (i.e. depreciation) of the purchase price allocated to land. Losses from rental real estate activities may be fully deductible from ordinary income such as wages and investment income, if adjusted gross income is less than $150,000. However, non-deductible losses in any year may be carried forward until they are able to be deducted by offsetting income in future years or when the building is sold.

**Management:** As owner, you have the option of managing the building or you may delegate the responsibility to a management company. A management company will collect rent from tenants, manage the daily operations of the building, as well as allow you to remain anonymous as owner from your tenants.

In either case, you should seek legal and tax advice with regards to making the Lease vs. Buy decision based on your individual situation.

*This article is provided by John D. Nemes, CPA and Wedad M. Eustice, CPA from Sallan, Nemes, Lyman & Strakovits, Professional Corporation of Certified Public Accountants, 26050 Orchard Lake Road, Suite 100, Farmington Hills, MI 48334. (248) 615-9500 j.nemes@snls.net / w.eustice@snls.net.*
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Fiduciaries "should establish and follow a formal review process at reasonable intervals to decide if they want to continue using the current service providers or look for replacements." — Department of Labor

ERISA's new emphasis on fee transparency will make it easier for plan sponsors to understand how payments from their plan and revenue paid by investment companies contribute to a plan provider's bottom line. But, with this new transparency comes greater responsibility, as ERISA will now expect plan sponsors to step up to the plate to use this knowledge to determine how reasonable their plans' costs really are, and to take remedial actions should the cost of participation seem too costly. No issue causes more confusion among plan sponsors than the complexity of identifying and managing plan costs. According to a recent study, 40% of sponsors surveyed admitted they had little or no understanding of investment and plan administration expenses and less than one in five considered themselves 'experts' on the subject.1

Just as employees pay insurance companies premiums for healthcare and life insurance benefits, they pay plan providers and investment companies for providing access to account management features and investments in their 401(k) plans. However, unlike other benefit plans which typically charge premiums each pay period, 401(k) plans rarely report participants' fees in terms of actual dollars paid. Instead, these fees are often levied at the account level and reflected in the after fee value of the retirement account. But since the value of most accounts rises and falls with the share prices of their underlying investments, it's difficult for investors to gauge the 'real life' impact of these fees and nearly impossible for them to lower their fees through any method other than selecting lower-cost investment options. That's why ERISA is increasing pressure on plan sponsors to identify and reduce these expenses on their participants' behalf.

Unfortunately, the government’s often-confusing directives on cost containment, combined with the bewildering variety of fees charged by plan administers, record keepers, and investment companies, often required plan sponsors to have the forensic skills of a CSI detective to uncover them.

Fortunately, ERISA has recognized that this 'cost confusion' is no longer tolerable and has enacted new rules designed to deliver greater transparency in disclosing plan expenses and revenue sharing arrangements. Soon, plan sponsors will know exactly how much their plan costs, and where this money is going. In turn, ERISA will expect plan sponsors to do a much better job of making sure that the plan's costs are 'reasonable.'

Identifying a plan's fees is only the first step; the next is to determine if the fees are reasonable or not. The best way to accomplish this is to benchmark them against fees of other plans of similar size. If the research indicates that your plan fees are higher than average, there are a number of steps you can take to lower them. It might be time to sit down and renegotiate the costs of your plan.

For more information or to receive a free copy of our “Strategies for Keeping Costs Reasonable”, please contact our office at (800) 521-9767.

Source: The Briskin Consulting Study of Small-Retirement-Plan Sponsors, 2010

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Registration Fee:
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Co-Organizers:
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Philip C. Hessburg, MD
President, Detroit Institute of Ophthalmology
pchessburg@dioeyes.org
Although MiSEPS left the Michigan State Medical Society over administrative issues several years ago, it is important for all of us that in no way do we wish to sever our relationship with the Michigan State Medical Society. In the 2012 MSMS legislative agenda there are a host of initiatives which are of interest to us regarding every facet of our life in ophthalmology. In conflicts which any of the specialties and subspecialties have over scope issues, we need the support of the physicians in all of the subspecialties represented in the State Society.

No matter where our State ophthalmological society administration takes place, all of us should remember that we remain part of the House of Medicine. The Michigan State Medical Society is essential to our well being; it, along with each of the county medical societies, affords us access to resources, to fellow physicians, and to administrators who can partner with us if we or they are challenged by scope of practice or similar issues.

This is a two-way street. We should consider membership in both our county and state societies, and we certainly should be prepared at an executive level of MiSEPS, to join other specialties similarly challenged, especially when they face challenges from other non-physician organizations.
The American Society for Cataract and Refractive-Surgery, (ASCRS), has established a new membership category that will, for the first time, enable certain optometrists to apply for membership in the organization. In his outgoing presidential address at the April ASCRS Annual Congress and Symposium in Chicago, Dr. Edward Holland announced that the ASCRS Executive Committee and Governing Board had endorsed the policy. Dr. Holland stated the policy was adopted in response to predictions of future physician shortages related to the expected increases in demand for ophthalmic services by the aging baby boomer generation, stating that “we will simply not have enough ophthalmologists to perform all eye care needs that will be required, both medical and surgical”.

The ASCRS leadership endorses an integrated ophthalmology-led eye care delivery model in which optometrists are employed, directed and overseen by ophthalmologists, and believes the new membership category will be supportive of that practice model. Dr. Holland also stated, “An ophthalmologist-led model will allow a gradual transition of non-surgical eye care to optometry in order to support a more efficient ophthalmic surgeon.”

In an ASCRS Press Release the society also predicts that the new membership category would address pending changes in Medicare and general healthcare delivery. One question is how the policy might be used by organized optometry to affect federal and state policy, and legislation with respect to payment for service and scope of practice. Dr. David Chang presented the new policy at the recent AAO Mid Year Forum, and received a significant amount of negative feedback from individuals and counselors representing state societies.

Critics suggest that membership status in a leading ophthalmic surgical society would be used to promote legislative initiatives to expand surgical scope with claims of side-by-side education. The concern is that membership status might imply that optometrists have the same education, training and ability as ophthalmologists and therefore should be granted the same scope of practice. Recognizing those concerns, Dr. Steven Lane, ASCRS Board Member and Chair of the Optometric Task Force characterized the new policy as “historic” but “controversial”.

There are currently 14 states facing expanded optometric scope legislative initiatives this year. The Michigan Society of Eye Physicians and Surgeons (MiSEPS), your volunteer colleagues, state ophthalmology societies and the American Academy of Ophthalmology (AAO) spend significant time and resources opposing these initiatives in an effort to preserve the profession of ophthalmology and promote safe, high quality patient care.

The ASCRS has a large membership, and is recognized as a leading anterior segment surgical society. However, the most recognizable guardians of our profession and the public are the AAO and state ophthalmology societies like MiSEPS. In the wake of the Kentucky experience last year, and Oklahoma 10 years prior, any policy that can be used to promote expansion of optometric scope of practice should be adopted after complete analysis, and with appropriate caution.

Source: Cindy Sebrell
ASCRS Press Release: April 21, 2012
Are you paying too much for your insurance? As a MiSEPS Member, you are eligible for savings on auto, boat, and home owners insurance through AAA.

Contact the MiSEPS Executive Offices at 313-823-1000 for more information and your qualification code.

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When I was a youngster, I had poor vision due to retinitis pigmentosa. Over the years, my vision became worse and worse until, one day when I was 14, my eye doctor said, “You’re legally blind, and will someday be totally blind, and there’s nothing more I can do.”

I waited for the rest of the story, to hear what I could or should do next. But he gave me no instructions, no advice, and no hope. He never told me that I could learn to do things in new ways without vision, and that there were people who could help me to learn these skills.

Today, most eye care professionals such as yourself have heard of the Michigan Commission for the Blind. You know that when you’ve done everything that you can do to improve the vision of your patients who are facing sight loss, the Michigan Commission for the blind can offer them opportunities of a different type. Our motto is “Changing Lives, Changing Attitudes.” With the right training, support, adaptive aids, and positive attitudes, our clients learn that it’s okay to be blind, and that sight loss need not stop them from regaining their independence and achieving their hopes and dreams.

Just a few recent MCB client success stories include a garden designer who’s back at work in his lifelong profession, a woman who completed medical school and became a doctor, a daycare center worker who’s returned to work and been promoted to assistant director, a man who established a new career as an IRS tax examiner, and a business owner who restores classic cars and is doing so well that he needs to hire more employees.

When you’ve done everything you can do for your low-vision patients, please tell them the rest of the story. Let them know that the Michigan Commission for the Blind can help them regain their independence and quality of life after vision loss.

In case it’s been a while since you’ve referred one of your low-vision patients to us, or in case you’ve never had occasion to do this before, the process is very simple. You can visit the MCB website at www.michigan.gov/mcb, click on the Eye Doctors link, and then click on the MCB Eye Report Form to download, complete, and fax it to us. Or, if you prefer, call 1-800-292-4200 toll-free, and speak with one of our staff, who will be glad to assist you in referring your patient. Further, please provide the commission’s contact information to your patients, so that they may initiate a contact on their own if they prefer.

If you have any questions or would like more information, please visit our website at www.michigan.gov/mcb or call us at 1-800-292-4200. We appreciate the opportunity to work in partnership with you for the benefit of your patients, and our clients.
Dynasty Media Network (DMN) is proud to provide the design and layout for this Summer Edition of Eye on Michigan.

DMN is pleased to offer Partnership Alliance special pricing to MiSEPS members for the following business solutions:

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## MiSEPS Upcoming Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Michigan Kellogg Eye Center 84nd Annual Spring Conference</td>
<td>Sept. 9-11</td>
<td>MiSEPS at the Detroit Grand Prix Belle Isle</td>
</tr>
<tr>
<td>MiSEPS at the APBA Gold Cup Races Detroit River</td>
<td>June 1-3</td>
<td>MiSEPS 44th Annual Conference Grand Hotel, Mackinac Island</td>
</tr>
<tr>
<td>MiSEPS Annual Business Meeting, Grand Hotel, Mackinac Island</td>
<td>June 12</td>
<td>YOS Sindbad’s Cruise – Rockin on the Riverfront Concert, Detroit</td>
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<tr>
<td>MiSEPS at the Detroit Grand Prix Belle Isle</td>
<td>June 1 &amp; 2</td>
<td>MiSEPS Tigers Night &amp; Afterglow</td>
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<tr>
<td>Focus: Hope Vision Screening</td>
<td>June 24</td>
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<tr>
<td>Board of Directors Meeting (Beaumont RO)</td>
<td>Oct. 17</td>
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<tr>
<td>Steps for Sight / Detroit Free Press Marathon</td>
<td>Oct. 21</td>
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<tr>
<td>AAO Annual Meeting, Chicago, Illinois</td>
<td>Nov. 10-13</td>
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<tr>
<td>Board of Directors Meeting (MiSEPS EO)</td>
<td>Dec. 12</td>
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<tr>
<td>MiSEPS at North American International Auto Show</td>
<td>Jan. 8</td>
<td>AAO Mid-Year Forum, Washington, D.C.</td>
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<tr>
<td>Board of Directors Planning Meeting (MiSEPS EO)</td>
<td>Feb. 11</td>
<td>Board of Directors Meeting (Beaumont RO)</td>
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<tr>
<td>Winter Ski Meeting, Boyne Mountain Resort</td>
<td>Feb. 24-26</td>
<td>A Night for Sight International Wine Auction</td>
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<tr>
<td>Blinding Prevention and Services Month</td>
<td>Apr.</td>
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**Past Events**

- **Jan. 8**: MiSEPS at North American International Auto Show
- **Feb. 11**: Board of Directors Planning Meeting (MiSEPS EO)
- **Feb. 24 - 26**: Winter Ski Meeting, Boyne Mountain Resort
- **Apr.**: Blinding Prevention and Services Month

**Event Details**

- **MiSEPS at the Detroit Grand Prix Belle Isle**: MiSEPS at the Detroit Grand Prix Belle Isle on Sept 9-11.
- **MiSEPS Tigers Night & Afterglow**: MiSEPS Tigers Night & Afterglow on June 1 & 2.
- **Focus: Hope Vision Screening**: Focus: Hope Vision Screening on June 24.
- **Board of Directors Meeting (Beaumont RO)**: Board of Directors Meeting on Oct. 17.
- **Board of Directors Meeting (MiSEPS EO)**: Board of Directors Meeting on Dec. 12.
- **MiSEPS at North American International Auto Show**: MiSEPS at North American International Auto Show on Jan. 8.
- **Board of Directors Planning Meeting (MiSEPS EO)**: Board of Directors Planning Meeting on Feb. 11.
- **Blinding Prevention and Services Month**: Blinding Prevention and Services Month on Apr.
SAVE THE DATE

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Gregory J. Chancey, Executive Director