EyeSmart Public Education Campaign Underway

MSEPS is participating with the American Academy of Ophthalmology and EyeCare America in the EyeSmart campaign to empower Americans to take charge of their eye care. EyeSmart emphasizes the need for Americans to know their risk factors for eye diseases, infections and injuries, and the role ophthalmologists play in the prevention, diagnosis and treatment of eye conditions.

Why now?
- By the year 2020, the number of Americans with age-related eye disease will rise from 28 million to 43 million. At the same time, new research from the Academy finds that most Americans believe they are not at risk for eye disease and are unaware of their own risk factors.
- Eye infections caused by improper use of contact lenses is on the rise, as evidenced by the recent *Fusarium* keratitis and *Acanthamoeba* keratitis infections.
- Eye injuries continue to be a significant problem, particularly among athletes, do-it-yourselfers and young children.

Disease Focus
The initial focus of EyeSmart will be to raise awareness of five major eye diseases – age-related macular degeneration, cataracts, diabetic retinopathy, dry eye and glaucoma—and the rise of these diseases among the “baby boomer” generation. This wave will also include promotion around children's eye screenings. The goal of this wave is to limit the future impact of eye diseases by raising awareness of risk factors.

Subsequently, EyeSmart will tackle infectious eye diseases (such as the recent keratitis outbreaks among contact lenses wearers) and eye injuries. These initiatives will be rolled out over a three-year period.

EyeSmart is primarily targeting women between the ages of 40 and 65 because these women are the primary health care decision makers in the family, caring for their own children as well as aging parents. The EyeSmart campaign will be promoted through media coverage, limited online advertising, partnership outreach and grassroots marketing.

The Survey
In July, the Academy released the findings of the survey on “Americans, Eye Health and Eye Disease.” Some key facts from the survey are:
- Only 11 percent of Americans see themselves at being at high risk for eye disease
- Only 17 percent of those with a family history of eye disease see themselves as being at high risk for eye disease
- Only 10 percent of Americans age 65 and older see themselves at high risk for eye disease
- Only 14 percent of Americans who do not wear eye glasses see themselves at high or moderate risk for eye disease
- More than a third of those 65 and older do not get annual eye examinations

CAMPAIGN, continued on p 3
CALIBER OF EVENTS

October 24-26  MSMS Annual Scientific Meeting
Wednesday - Saturday  Somerset Inn, Troy

October 25  MSEPS symposium at the
Thursday  MSMS ASM

November 10-13  AAO Annual Conference
Saturday - Tuesday  New Orleans, LA

2008

February 22-24  Joint CME/Ski Meeting
Friday – Sunday  Crystal Mountain Resort

April 9-12  AAO Mid-Year Forum
Wednesday – Saturday  J.W. Marriott Hotel, Washington, DC

May 30-31  80th Annual Ophthalmology Spring Conference
Friday – Saturday  Kellogg Eye Center, Ann Arbor

May 31  “Night for Sight”
Saturday  International Wine Auction
Henry Ford Center, Dearborn

August 7-9,  40th Annual Conference
Thursday – Saturday  Grand Hotel, Mackinac Island

2009

August 12-15  41st Annual Conference
Thursday – Saturday  Grand Hotel, Mackinac Island

2010

August 4-7  42nd Annual Conference
Thursday – Saturday  Grand Hotel, Mackinac Island

If your organization has an event you would like listed, please contact the MSEPS office at 517-333-6739 or penglerth@msms.org.

WANTED

Clinical articles for Eye on Michigan. The purpose is not to become a peer-reviewed journal, but to share “pearls” with your colleagues. Submit articles to: MSEPS, 120 W. Saginaw, East Lansing, MI 48823 or email to penglerth@msms.org.

Eye on Michigan, the official newsletter of the Michigan Society of Eye Physicians and Surgeons (MSEPS), is a monthly publication dedicated to providing useful information to Michigan ophthalmologists about the activities of MSEPS and contemporary issues. Neither the editor nor MSEPS will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in this newsletter. The views expressed are those of the writer and not necessarily official positions of the society. Eye on Michigan reserves the right to accept or reject advertising copy. Products and services advertised in Eye on Michigan are neither endorsed nor warranted by MSEPS, with a few exceptions.
AMA President Speaks in East Lansing, part I

Ronald M. Davis, MD, president of the American Medical Association, spoke to the Ingham County Medical Society on September 18. Doctor Davis is Director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System in Detroit. He is also chair of the Medicare Coverage Advisory Committee (MCAC) at the Centers for Medicare and Medicaid Services (CMS). He has served as Chief Medical Officer for the Michigan Department of Public Health.

Doctor Davis reported that the AMA’s current health care advocacy agenda is:

- expanded medical coverage for the uninsured
- a reformed Medicare payment system
- a reformed medical liability system
- improved quality and safety of health care (based on evidence-based quality measures)

Goals are to improve public health through healthy lifestyles, reduced health care disparities, and disaster preparedness.

Of course, the number one Medicare concern is the flawed reimbursement system based on the sustainable growth rate (SGR). The current projected update for 2008 is minus ten percent (-10%) and for 2009 is minus five percent (-5%). If these cuts occur, it is estimated that 28 percent of physicians will decrease the number of new Medicare patients they accept; 32 percent will decrease their existing patient load of Medicare patients; and 8 percent will see no Medicare patients at all. The AMA’s recommendation is to eliminate the SGR and replace it with the Medical Economic Index (MEI), which is the Health and Humans Services’ measure of the annual increase in the cost of medical practice.

Watch for part II of this article in the November issue.

Physician-Patient Communication is Key to Preventing Lawsuits

Various studies on the reasons patients and families sue physicians for malpractice show that financial gain is often low on the list. More frequent reasons include:

- A feeling of being lied to by health care professionals
- The physician’s unwillingness to explain what happened
- Arrogance or lack of empathy on the part of the physician

Because patients may bring suit in order to obtain the truth about what happened, improved physician-patient communication can be one of the most effective methods of preventing malpractice claims.

Doctors who are insured with American Physicians can take advantage of two free, on-line courses designed to improve communication skills: “Disclosing Unexpected Events,” and “Great Expectations.” For more information, visit the company’s website at www.apassurance.com.

American Physicians Assurance Corporation (American Physicians) is the exclusively preferred professional liability insurer of the Michigan Society of Eye Physicians and Surgeons.
Regional Outreach Meetings

For the second year, MSEPS held a series of regional meetings called “MSEPS on the Road.” Meetings were held in Traverse City, Marquette, Kalamazoo, Ann Arbor, Saginaw, Dearborn, and Grand Rapids. All members and potential members were invited to attend. The agenda for this year’s meetings was to meet with legislators from each region to talk about relevant issues, get to know them, and let them get to know us.

Selected Highlights

The first meeting took place Friday, May 18 at the Air Zoo in Portage. About 30 people from Region II attended, including families, and had a great time. After a tasty buffet dinner, the group listened to three state representatives outline their ideas on the state budget deficit. Then the museum was open to the group for two hours. In addition to the vintage aircraft, the Air Zoo offers children’s rides, flight simulators, and a 4-D movie. (Visitors discover the 4th “D” when the seats begin to shake and a blast of air hits their faces!)

In attendance were State Representatives Fulton Sheen (R-Plainwell), Robert Jones (D-Kalamazoo), and George Cushingberry (D-Detroit) who made brief presentations including graphs and charts. Representative Sheen presented his plan for economic recovery, which included not replacing the single business tax, eliminating the state income tax, and raising the sales tax to 9%. He would also shift State Police trooper road patrol to county sheriff departments; privatize non-core functions of schools, such as, transportation, food services, and custodial services; place 5% of the prison population in privately managed prisons; offer incentives to welfare recipients for improving health habits; and pool school health insurance.

Representative Cushingberry’s charts showed the decline of manufacturing in Michigan, along with rises in unemployment and child poverty. He sees the economic problem in Michigan being a result of this decline in manufacturing. His suggestion for returning to economic stability is to reinstate the cuts in the Michigan income tax that were instituted in 1999. Rep. Cushingberry stressed that this would not be a tax increase, merely a reinstatement.

The Region I meeting was held on June 21 at Trattoria Stella in Traverse City. President Patrick J. Droste, MD and Region I Director, Petra von Kulajta, MD hosted a lively meeting with Senator Jason Allen (R-Traverse City) and Representative Howard Walker (R-Traverse City). Representative Walker stressed the importance of this type of meeting and said that it does make a difference to legislators when they know us. Senator Allen addressed the issue of disfunctionalties and lack of expertise in Lansing because of term limits. Regarding health care, he advocated reforming Michigan’s Medicaid system based on the Maine model, rather than either the Massachusetts or California model.

The group also discussed the need to reform the Medicaid audit system. Medicaid agents currently walk into an office and ask to pull up to 100 patient files at random, copy the material, and take it with them. Not only is this a violation of HIPAA regulations, but there are no published criteria for these audits or time frames of retroactive collectibility.

Unfortunately, no legislators were able to attend the Region II meeting in Grand Rapids or the Regions V and VI reception in Dearborn due to the state budget negotiations. However, attendees were able to discuss various legislative and ethical issues.

Physicians earned one CME credit in ethics for each On the Road event attended.

These meetings were made possible through the generous support of Essilor Laboratories.

Region II Grand Rapids. L – R: John Oltean, MD; Danny Wang, MD; Region II Director Ralph P. Crew, DO; Karl Siebert, MD
Administrative Staff Day

Administrative Staff Day was held at the Bavarian Inn Lodge in Frankenmuth on September 7. This is a joint program of MSEPS, the Michigan Medical Group Management Association (MMGMA) and the Michigan Society of Ophthalmic Administrators (MSOA) and included tracks for practice administrators, billers/coders, and front desk/schedulers. In addition to coding, some of the topics covered were customer service, benchmarking the practice, efficient use of forms, patient scheduling, and identify theft loss prevention. Thanks to Alcon Laboratories for underwriting the coding speaker, Jo Ann Steigerwald, RHIT, ACS-OH. Ms. Steigerwald will be returning to Michigan early in 2008 for a series of full-day coding seminars. Watch the mail and Eye on Michigan for more details.

American Osteopathic College of Ophthalmology Regional Meeting

Your executive director, Penny Englerth, represented MSEPS at the regional meeting of the American Osteopathic College of Ophthalmology (AOCO) in Detroit on September 8 and 9. Several MSEPS members are active in the governance of the osteopathic ophthalmology organization. Shoib Myint, DO is President/Chairman of AOCO and Sidney K. Simonian, DO is the current Vice Chairman. David D. Gossage, DO serves as member-at-large on the board. Region II Director, Ralph P. Crew, DO is president of the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery.

Speakers included Conrad Giles, MD; Raymond Iezzi, MD; Region V Director Evan H. Black, MD; Matthew E. Citron, DO; David D. Gossage, DO; Christopher Y.C. Chow, MD; John D. Roarty, MD; Rajesh C. Rao, MD.
MSMS Capitol Checkup

On September 19, more than 100 physicians, spouses, medical students, and medical group managers convened in Lansing for the 2007 MSMS “Capitol Check-Up.” The main topics for the day’s discussion were Universal Access, Budget/Medicaid and Legislative Update, Pending Public Health Issues, and Getting the Most Out of the 2008 Elections.

Massachusetts Universal Coverage Program
The first speaker of the day was Jack Evjy, MD, past chair of the Task Force on Universal Access, Massachusetts Medical Society discussing the Massachusetts universal access program, “Chapter 58.” This is the first successful legislative effort in the nation to include almost all of the uninsured in the state. Although the process still needs to evolve, it has established a new way of thinking about providing health care to the uninsured. It uses a factual approach to the problem not based on politics and required a bi-partisan effort as well as the cooperation of the local, state, and federal governments.

The task force first identified four different kinds of uninsured people:
- low income individuals or families who need assistance
- those who are Medicaid eligible but who are meeting obstacles in getting that coverage
- the short-term uninsured – new hires and temporarily unemployed
- those who can afford insurance coverage but don’t buy it, depending on the state as a “safety net”

According to Doctor Evjy, the Massachusetts program depends on the commitment and shared responsibility of all stakeholders – the government, who must provide adequate appropriations; businesses with 11 or more employees, who must provide meaningful insurance packages; consumers who must meet registration deadlines; insurance plans who must develop affordable products; and providers who must agree to participate. The program provides financial penalties for employers who fail to provide insurance coverage and for individuals who remain uninsured. The program, said Doctor Evjy, only works if it’s mandatory.

Chapter 58 operates on a managed care model, although participants may choose their own physicians. Its purpose isn’t to provide “on-demand” testing and unlimited services. Its purpose is to cover those services that would normally bankrupt a patient. Health care coverage is tied to the insured individual, and is, therefore, portable when the individual changes employers. The three principles of the program are that coverage be universal, continuous, and affordable.

The Massachusetts Medical Society accomplished total reform of the health care coverage system by 1) sticking with their principles; 2) communicating with their members and their patients; 3) being pragmatic about the goals; and 4) forming coalitions. “Our patients,” said Doctor Evjy, “expect us to lead.”

On Talking with Legislators
Craig Ruff, Senior Policy Fellow at Public Sector Consultants advised attendees on how to talk to legislators. Although he referred to the capitol as “hell’s little theme park,” he told participants that it’s really not difficult to form positive relationships with legislators. “It’s not who you know that counts,” he said, “but who you get to know.”

When meeting with a legislator, it’s important, he says, to smile. Be warm and gracious. Always open with questions, such as, “what are you hearing in your district about the biggest health care issues?” Be a world class listener. A good rule of thumb for conversation with a legislator is 25 percent you and 75 percent him or her. Limit your issues to two or three at a session and when finishing the conversation, make an action request: “Can I count on you for…?” Then maintain that relationship. Set aside some money each year to spend on political action. Attend a fundraiser for the legislator. If you see a newspaper or magazine article on a topic of interest, mail it to the legislator with a brief note. “Before you know it,” says Ruff, “you’ll have a friend.”

State Budget Negotiations
Of course, the state budget negotiations were of paramount importance with the October 1 deadline looming. Although the negotiations kept several legislators away who had been schedule to speak, others did make appearances. Senator Tom George, MD (R-Portage) made his opinion clear that the state budget deficit of $1.6 billion would not be reached without a combination of cost cuts and revenue increases. One necessary reform, he said, is to revamp the public school employee health system (MESSA). However, in order to bid out the coverage, claims information is needed. Because MESSA is not an insurance company, but an administrator, it is not required by law to share any data.

Other Pending Public Health Issues
Other issues discussed were HB 4749 to repeal the motorcycle helmet law; CPAN – the Coalition Protecting Auto No-fault Insurance; stem cell research; and the smoke-free workplace legislation. Speakers included Dean Sienko, MD, Health Officer/Medical Director of the Ingham County Health Department; Paul Reinhart, Deputy Director of the Michigan Department of Community Health; Senator Tom George, MD (R-Portage); and Michael Dabbs, president of the Brain Injury Association of Michigan.
Speech Recognition: Can I Really Use it to Dictate My Charts?

In the past ten years, speech recognition technology has improved drastically and gained popularity among professionals in general and health care professional in particular, as an alternative to the traditional medical transcription services to minimize operational cost.

Does it really work?
The simple and direct answer to the above question is YES, you can use speech recognition software to dictate medical charts directly into your computer with great accuracy (95%), if you have the will to work with the technology, provide the appropriate computer hardware, and get professional training sessions.

Various speech recognition systems are available in the market including Dragon NaturallySpeaking (DNS), ViaVoice, Microsoft Speech, and iListen (for Apple only). DNS is the only product that has a Medical Suite available which is packaged with 14 pre-configured medical specialty vocabularies and allows you to create other custom vocabularies to maximize recognition accuracy.

How Does It Work?
The DNS software package includes the software CDs, documentation and a headset microphone. Various other certified (by Nuance) microphones are available, such as, wireless, handheld, Bluetooth, and desktop. Once the software is installed, it will prompt the user to create a new user profile in order to train your voice into the system. Note that you have the option to bypass the training (reading several paragraphs), but you will have about 20% less recognition accuracy. I highly recommend performing the training (it takes about 7 minutes) to maximize recognition accuracy and provide the system with an appropriate acoustic model of your voice. After training your voice into the system, the new user wizard will ask to enhance the language model by scanning your archived documents and e-mails so Dragon software can learn something about your writing style. The speech recognition then uses both the acoustic model (how you say things), and the language model (how you write things) to make the best prediction of what you are saying.

Hardware Requirements:
The following is a list of minimum hardware requirements for the Dragon NaturallySpeaking software to run. As a matter of fact when you install the program, it looks for these minimum requirements, and if your computer does not meet those requirements, the installation process will stop and exit. To have a better experience working with the software, 1 GB or even 2 GB of computer memory is recommended, as you will be running other applications at the same time, such as, Microsoft Word, EMI, etc.

- Intel® Pentium® / 1 GHz processor (for example, Pentium® M, Pentium® 4), or equivalent AMD® processor - Faster processors will yield faster performance
- 512 MB RAM
- 1 GB free hard disk space
- Microsoft® Windows® XP (SP1 or higher) Home and Professional, 2000 (SP4 or higher). - The new version of Dragon NaturallySpeaking (9.5) is compatible with Windows Vista.
- Creative® Labs Sound Blaster® 16 or equivalent sound card supporting 16-bit recording
- Microsoft® Internet Explorer 5 or higher (free download available at www.microsoft.com)
- CD-ROM drive (required for installation)
- Nuance-approved noise-canceling headset microphone (included)
- Speakers (required for playback of recorded speech and text-to-speech features)
- A web connection is required for activation

Case Study:
Dr. Doe used to contract with a transcription company to perform all of his office’s transcription. Dr. Doe used the traditional office phone to dial a toll-free number to dictate patient notes. The average cost of transcription is about 12 cents per line. Dr. Doe heard about speech recognition specifically developed for medical transcription called Dragon NaturallySpeaking Medical Suite. He purchased a new computer with sufficient memory, the Dragon software, a desktop microphone (so he can have his hands free to manipulate files, and not to be tethered to the computer, as in the case with a headset). A voice file was created for Dr. Doe, and he trained his voice into the system for higher accuracy. Various voice macros were created to maximize efficiency. For example, “normal chest x-ray” command was created to replace a paragraph of a normal chest x-ray note. Furthermore, various templates in Microsoft Word were created to accommodate various report styles (new patient, progress notes, etc.). After seeing each patient, Dr. Doe immediately goes to the small dictation room where he installed the computer, and dictates the patient’s notes directly into the computer. He then saves patients’ files into specific folders for proper organization. A password protected external hard drive backs up all of the patient files automatically at specific pre-set times as programmed.

Dr. Doe continued to use the transcription service as he familiarized himself with the Dragon software and the process, and he minimized the use of the service.

About the Writer:
Ghassan M. Souri, holds a degree in Biomedical Engineering and has 15 years of experience using, implementing, and integrating speech recognition systems in various settings including physician offices, individuals with physical disabilities, and other private and governmental agencies in the state of Michigan.

If you have any questions or comments about this article or speech recognition in general, please contact the writer at gsouri@atofmich.com or call at (248) 348-7161.
Michigan Society of Eye Physicians and Surgeons Mission Statement

It is the mission of the Michigan Society of Eye Physicians and Surgeons to encourage and promote high quality medical care for patients; to enhance the image of the practice of ophthalmology; to promote professional growth of Michigan ophthalmologists through continuing education; and to provide public policy leadership that ensures continuing high standards of medical eye care in Michigan.

Ski Meeting
Don’t miss the annual joint MSEPS/MOPS CME Ski Meeting at Crystal Mountain Resort February 22-24, 2008. Enjoy some family ski time at a beautiful northern Michigan resort while earning CME! What could be better? Watch your mail, Eye on Michigan, and the web site for further information. **DO** mark your calendar now!

Help Support Senator Roger Kahn, MD
MSEPS is holding a fund raising reception for Senator Roger Kahn, MD (R-Saginaw) at the home of Patrick and Deborah Droste in Grand Rapids on October 24 from 6:00 – 8:00 p.m. After this term, Senator Kahn will be the only physician in the Michigan legislature. With the support of the medical community, Doctor Kahn was able to win his Senate seat in 2006. He needs our continuing support to retain that seat and continue his leadership in state government. Tickets for the event are $250. If you are unable to attend, you may send contributions to the MSEPS office at 120 W. Saginaw, East Lansing, MI, 48823. For more information, contact the MSEPS office at 517-333-6739 or penglerth@msms.org.