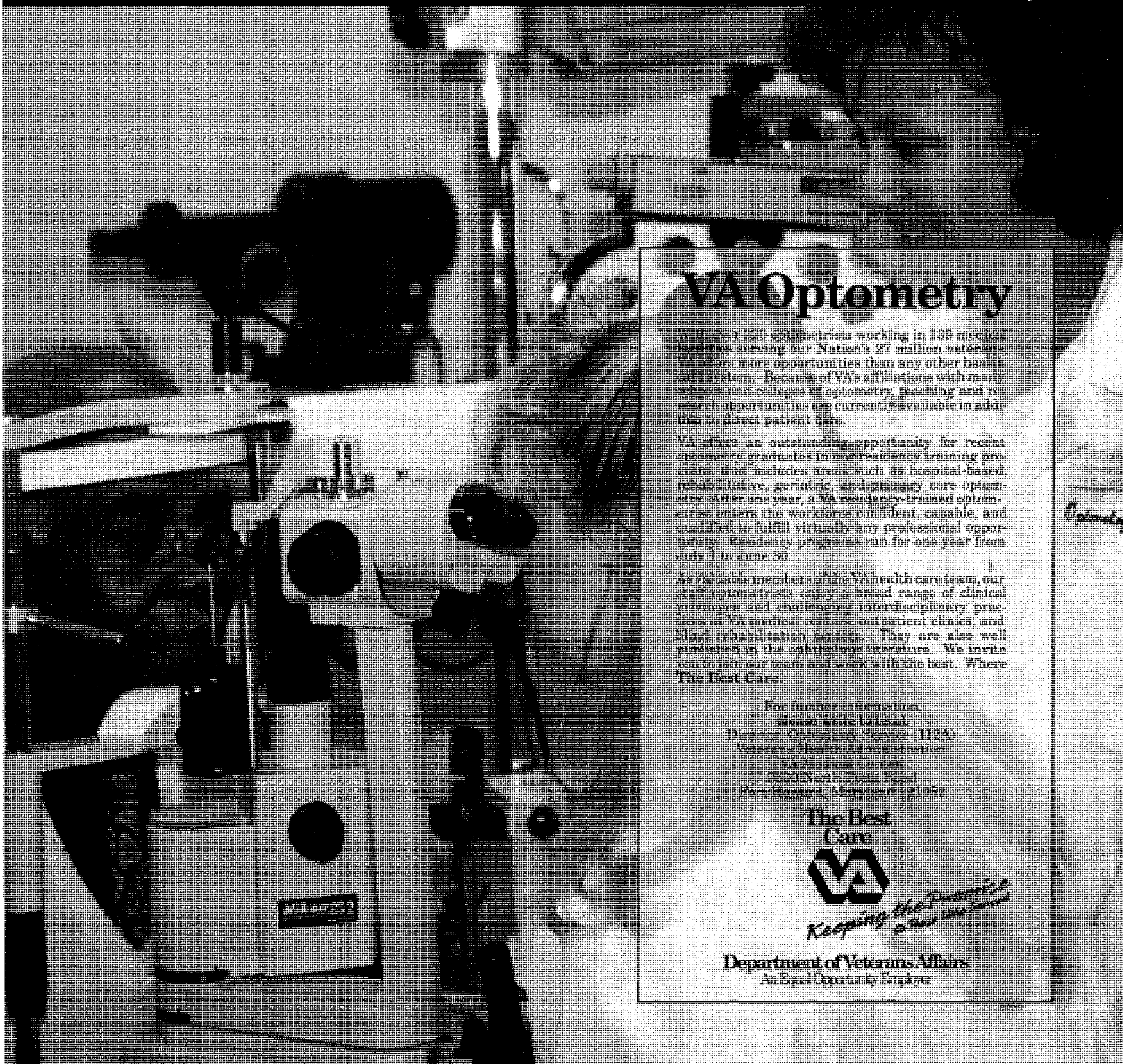
The Journal of the Association of Schools and Colleges of Optometry

OPTOMETRIC EDUCATION

Volume 19, Number 4

Summer 1994

Looking Toward the Future...



Keeping an Eye On Our Past.

OPTOMETRIC EDUCATION

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The Journal of the Association of Schools and Colleges of Optometry

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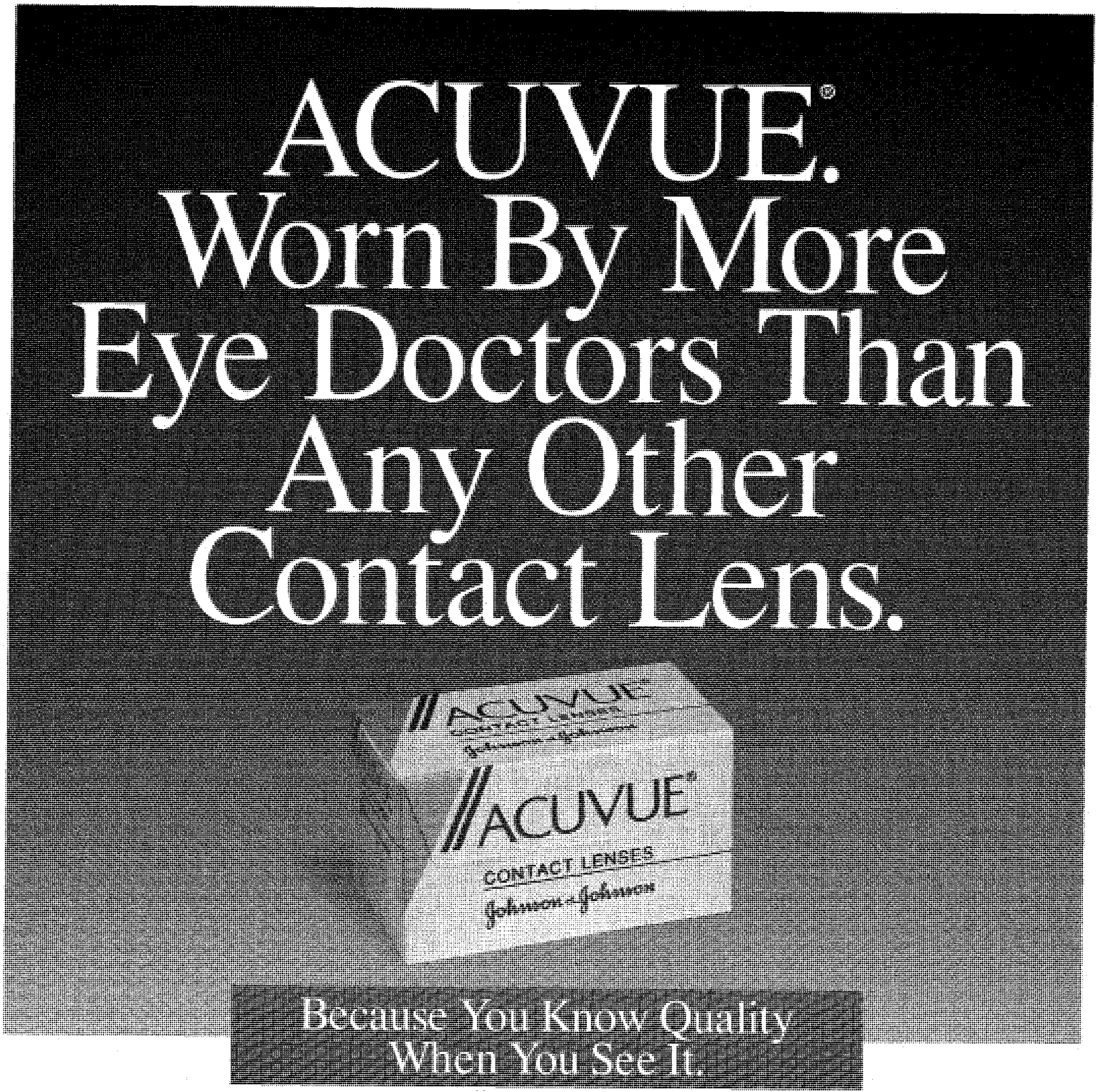
MEMBER

OPTOMETRIC EDUCATION is published by the Association of Schools and Colleges of Optometry (ASCO). **Managing Editor:** Patricia Coe O'Rourke. **Editorial Assistant:** Rebecca M. Defibaugh. **Art Director:** Dan Hildt, Graphics in General. Business and editorial offices are located at 6110 Executive Boulevard, Suite 690, Rockville, MD 20852 (301) 231-5944. **Subscriptions:** JOE is published quarterly and distributed at no charge to dues-paying members of ASCO. Individual subscriptions are available at $20.00 per year, $25.00 per year to foreign subscribers. Postage paid for a non-profit, tax-exempt organization at Rockville, MD. Advertising rates are available upon request. OPTOMETRIC EDUCATION disclaims responsibility for opinions expressed by the authors. Article copies, 16mm microfilm, 35mm microfilm and 105mm microfiche are available through University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

Association of Schools and Colleges of Optometry

The Association of Schools and Colleges of Optometry (ASCO) represents the professional programs of optometric education in the United States, Canada and a number of foreign countries. ASCO is a non-profit, tax-exempt professional educational association with national headquarters in Rockville, MD.



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VISTAKON™
Johnson & Johnson VISION PRODUCTS, INC.

GUEST

EDITORIAL

The Bottom Line — The Financing of Optometric Education

Richard L. Hopping, O.D., D.O.S.

On November 18-21, 1993, the seventh and final conference of the Summit on Optometric Education series was held at Georgetown University in Washington, D.C. The conference was supported by a grant from Vistakon, a Johnson and Johnson company. Eighty-four optometric leaders came together to address the purpose of the conference: to identify the principal components of a financial strategy that will provide expanded resources to meet the changing needs of the public.

Two critical questions discussed at this conference were: 1) What are the finances and other resources that are required to meet the educational needs of the profession? and 2) What are the viable financial strategies that will enable the profession to meet its educational needs?

The first Georgetown Conference-Summit on Optometric Eduction was held on March 19-22, 1992. It included a section on the Financing of Optometric Education. At that conference and at each of the next five conferences — Scope of Optometric Practice, Curriculum, Optometric Students, Optometric Research, Graduate Education, Residencies and Fellowships — the conferees had as a part of their charge two critical questions, one of which concerned the financing required to achieve the conference's goals.

The participants at the final Georgetown Conference had available for study all of the reports and recommendations of the previous six conferences. Additional published materials regarding education in optometry and other health professions were sent to the conferees prior to the conference. Since 90% of the conferees had attended at least one of the other conferences, and over one-half of the conferees had attended two or more conferences, the group was seasoned and had previous knowledge of the finances and other resources that would be needed if optometric education were to arrive, by the year 2010, at where the various conference groups felt it needed to be.

The program had speakers from within the profession, but, perhaps more importantly, had representatives from federal and state government, higher education and voluntary philanthropy, as well as from the health professions of dentistry and osteopathy. Some of the papers presented appear in this issue of JOE which will give you insights into the conference proceedings. A review of the various "trigger" questions will also provide an understanding of the manner and thoroughness with which attendees addressed the conference purpose and delved into the critical questions.

Educational Needs and Corresponding Resource Requirements

What educational needs and program priorities have emerged during the Georgetown Conference series?

What related resource requirements (e.g. faculty, equipment and facilities, student aid, operating expenses) have been identified?

What resources are available to address needs?

What is the relative size of the resource gap?

What are the consequences of not closing this gap?

Financing of Optometric Education Beyond 2000

What economic, political and social trends will affect the financing of health professions education in the next century?

In what areas will optometry schools and colleges experience the greatest spending pressures in the next century?

What issues/concerns are of greatest importance to public institutions? To private institutions?

What strategies must educational institutions employ to cope with the financial pressures?

Preservation of Traditional Sources of Financing Optometric Education

What are optometry's traditional revenue sources?

What external factors (e.g. demographic patterns, economic forecasts, health care reform, etc.) are likely to impact those sources of financing?

What trends/conclusions can be reached with respect to the future availability of these sources?

What developments, both positive and negative, are likely to occur?

What are the strategic recommendations regarding the preservation and/or expansion of tradi-

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Alcon

THE OPTI-FREE® SYSTEM

Everything Your Patients Need For Comfortable Contacts

Editorial

(continued from page 102)

tional sources of optometric education?

Development of Alternative Methods for Financing Optometric Education

What suggested non-traditional methods of financing health professions education have the greatest promise for addressing optometry's needs?

What practical considerations/limitations will arise in the implementation of such a strategy?

What resistance, both internal and external, must be overcome?

What specific strategies are proposed regarding the further development of one or more alternative method(s) for financing optometric education?

Over 300 ideas, comments and recommendations were produced. While the various breakout groups produced some ideas which were similar, some were quite innovative and unique. While the profession will need to boldly address all the traditional methods of financing health professions education in the coming decade, it will be critical that all organizations in the optometric profession assist in the pursuit of alternative financing methods if the profession is to fully meet the challenge that is before us.

The four alternative methods that were presented are historically unique to optometry, but have been successfully pursued by other professions and occupations. Separate project teams will be appointed to further investigate the feasibility and the legal aspects as well as the operational details necessary to ensure the ultimate success of each of the particular alternatives.

Dr. James Greg, professor emeritus of the Southern California College of Optometry, has been retained to write a summary of the proceedings of each of the seven conferences of the Summit on Optometric Education series. We hope to have copies of the publication available by fall 1994. A comprehensive action plan is being developed which details the necessary follow-up activities to be undertaken by the American Optometric Association, the Association of Schools and Colleges of Optometry and the eleven other involved organizations. □

Dr. Hopping is president of the Southern California College of Optometry and chair, Summit on Optometric Education Conferences Committee

Letters to the Editor

Dear Editor:

I enjoyed reading the interesting and attractive coverage provided in the spring 1994 issue of JOE celebrating the 25th anniversary of the National Eye Institute. I want to stress the importance of information you highlighted in two sidebars which accompanied the coverage.

Optometrists need to emphasize to other members of our profession, optometry students and the public the fact that "Advances in Eye Research Result in Savings." Many people believe that vision research is an expensive luxury the country cannot afford. In fact, in addition to saving vision, vision research has resulted in improved diagnosis and treatment capabilities which have saved health care dollars.

Thank you for including in your coverage the full text of the June 30, 1993 resolution of the National Advisory Eye Council. The ability to do good quality clinical trials research is threatened by health care reform.

It is ironic and unfortunate that serious threats to vision research are occurring at a time when science is close to fundamental breakthroughs in understanding and treating glaucoma, myopia, and retinitis pigmentosa, to name several diverse examples which are by no means exclusive.

Sincerely,
Lynn Cyert, Ph.D., O.D.
(Dr. Cyert, a professor at the Northeastern State University College of Optometry, currently serves as a member of the National Advisory Eye Council.)

Dear Editor:

I read your most interesting feature issue on the National Eye Institute. No doubt because of lack of knowledge, some meaningful early history of, and optometric participation in, the formation of the National Eye Institute were omitted.

In the early 1960s, both ophthalmology and otolaryngology were represented in a limited manner on the then National Advisory Neurological Diseases and Blindness (NNDB) Council. Eye and ENT each had two members on that Council, and their share of funding from the National Institute for Neurological Diseases and Blindness (NINDB) was (separately) virtually a fixed percentage and modest, and not responsive to perceived needs. This limited role had not been mandated by Congress. Apparently, the NINDB leadership was unwilling to alter existing patterns of support. A number of powerful advocacy groups supporting neurology research wielded great influence.

In 1964, the NNDB Council sponsored an ad hoc meeting held at the annual meeting of the (then) American Academy of Ophthalmology and Otolaryngology to consider the desirability and feasibility of forming task forces to consider the state of research in vision and its disorders and human communications and its disorders. The formation of both groups was recommended and then approved by the NNDB Council.

Early on, during planning, there was a rather critical meeting in Philadelphia called by the academic leadership within ophthalmology. Many of the following individuals were present. That meeting included both Professors Glenn Fry (Ohio State) and Meredith Morgan (UCB), both of whom represented optometry.

The NNDB Council Subcommittee on Vision and Its Disorders was appointed and composed of: Bernard Becker, M.D., subcommittee chair and member, NNDB Council, chairman, ophthalmology, Washington U. in St. Louis; Jay Enoch, O.D., Ph.D., executive secretary of subcommittee, research associate professor, ophthalmology, Washington U. in St. Louis; Matthew Alpern, O.D., Ph.D., professor, ophthalmology and physiology, U. of Michigan; Goodwin Breinin, M.D., chairman, ophthalmology, NYU; Everett Kinsey, Ph.D., member, NNDB Council, assistant director of research, Kresge Eye Institute, Wayne State U., Michigan; Irving Leopold, M.D., director, ophthalmology, Mount Sinai Hospital, N.Y.; A. Edward Maumenee, M.D., director, Wilmer Institute of Ophthalmology, Johns Hopkins U., Baltimore; Frank Newell, M.D., chairman, ophthalmology, U. of Chicago; George Smelser, Ph.D., director of ophthalmic research, Columbia U., N.Y.; and Lorenz Zimmerman, M.D., chief, Ophthalmic Pathology Branch, Armed Forces Institute of Pathology, Walter Reed Army Hospital, D.C.

This group was charged to review the (then) current state of knowledge in vision and its disorders and the status of research and training in this area, and to make recommendations relative to "further development of the NINDB program in eye and vision research."

As executive secretary, I was effectively withdrawn from research for two years in order to organize, manage and write a substantial portion of the subcommittee report. Obviously, I worked closely with the membership, the staff or NINDB, and, in particular, with the chairman, Professor Becker. This was an extraordinary experience for me, as I spent time visiting the institutions of all the members (except Zimmerman) and developed a clear picture of where research in ophthalmology was at that time. I was also provided access to fiscal data, allocations, and activities of the NIH. And I was given a relatively free hand in the preparation of the report and in defining proposals included in the report.

I was not asked to develop a plan for a separate institute. However, given the relatively poor state of support for the eye research community, and the apparent intractability of the NINDB concerning provision of resources for eye research, or even willingness to provide leadership to alter this situation, it became clear that movement towards a separate institute was inevitable. The separate Subcommittee on Human Communications and Its Disorders reached essentially identical conclusions. My colleague, Professor Joseph Ogura, Department of Otolaryngology at Washington U. in St. Louis, played a dominant role on that committee. Although that group held similar views, it was many years before the ENT and auditory scientific establishment sought an independent institute of their own.

Each member of the Subcommittee on Vision and Its Disorders ably reviewed research in his own area of expertise and indicated opportunities for future research. A special section on low vision was added. The subcommittee report was a precursor to the five-year plans regularly provided since then by the NEI.

I was fortunate in having access to the then recently submitted NIH report dealing with research on heart, lung and cancer. Data and recommendations contained in that document proved to be a valuable guide to me in preparing the plan for rectification of the situation existing in ophthalmic research. I had help from many people, in addition to the subcommittee. Their contributions have been properly recognized. Note that this was a report to the NNDB Council, and as such, it would have been inappropriate to call for a separate institute. However, this conclusion, unstated, was implied in the plan.

After preparation, the plan was first reviewed and then approved by Professor Becker. The subcommittee debated it at two meetings, made only minor changes and was most pleased with it. They added only two recommendations to the lengthy list I had formulated, and deleted none. In fact, Professor Ed Maumenee commented to me one day (something like), "Jay, how did you ever know how to write a plan such as that?"

The report, "Vision and Its Disorders" was submitted on November 1, 1966. The NNDB Council accepted the report, but until the legislation leading to the formation of the NEI was passed by Congress, no part of it was released by the NINDB for duplication or publication. This report, which had broad private distribution (from many sources), served both as the initial plan and the raison d'etre for the development of the National Eye Institute. Although not then published (the "plan" was never published) during the Congressional debates, the entire three-volume document was introduced into the Congressional Record by one of the members of the House of Representatives. It was repeatedly quoted during the congressional debates.

Several members of the Subcommittee on Vision and Its Disorders subsequently served on the initial National Advisory Eye Council (NAEC). Also appointed to the initial NAEC were Professors Meredith Morgan and Glenn Fry. At a later time, I served two terms on the NAEC. I was also complimented to be considered for appointment (as the only optometrist) as NEI director and received the full treatment. However, I had no illusions that I would be appointed.

In summary, this was an exciting and rewarding time. The members of the subcommittee represented a substantial portion of the then academic leadership of ophthalmology. They had a clear and worthy perception of the eye and vision research enterprise they sought to build. They were interested in the development of quality products in science and training. Virtually all these activities and more were interwoven.

I congratulate the NEI on its 25th anniversary and on its seemingly endless achievements. Director Carl Kupfer and his fine staff have indeed contributed greatly to the advance of research in vision and to the provision of modern eyecare. I am proud to have played a modest role in these developments.

Sincerely,
Jay M. Enoch, O.D., Ph.D.
(Dr. Enoch is currently a professor and was previously the dean at the University of California, Berkeley, School of Optometry.)

(Ed. note: We appreciate Dr. Enoch's first-hand account of the role played by optometry. It is a valuable addition to the early history of the National Eye Institute.)

INDUSTRY NEWS

Companies appearing on these pages are members of ASCO's Sustaining Member Program. Sustaining Members are listed on the inside front cover of each issue. Membership is open to manufacturers and distributors of opthalmic equipment and supplies and pharmaceutical companies.

Varilux Sponsors Optometry Super Bowl III

Shane Laster, a fourth year student at Northeastern State University and winner of last year's Optometry Super Bowl, took top honors at Optometry Super Bowl III, sponsored by Varilux Corporation. Optometry students from 18 schools and colleges in the United States and Canada competed for academic supremacy with questions being asked from all areas of optometry and, for the first time, general trivia. Over 800 students attended the event, which was held January 7, 1994 during the American Optometric Student Association Conference in Newport Beach, California.

As first place winner, Shane received $1,000, and the crystal trophy will return to Northeastern State University in Tahlequah, Oklahoma, for another year. Second place and $500 went to Brain Duvall, a fourth year student at Pacific University, College of Optometry, Forest Grove, Oregon; and $250 went to Glen Blustein, a third year student at the State University of New York in New York City for third place.

Dr. Rod Tahran, Varilux, who presented the awards, said, "We are proud to sponsor this event. The Optometry Super Bowl just keeps getting better. It gives the students a chance to show off their knowledge and have some fun."

CIBA Supports Bennett Center

The Irving Bennett Business and Practice Management Center of the Pennsylvania College of Optometry received a $5000 donation from CIBA Vision to "support the outstanding programs at the Bennett Center."

The Bennett Center goal is to "be responsive to the business needs of the ophthalmic community," according to Executive Director Debbera Peoples, "and to provide educational programs, resources and products for students and practitioners."

Alcon Supports IACLE's Education Activities

Alcon Laboratories Inc. has committed an initial $20,000 in support of the worldwide educational activities of the International Association of Contact Lens Educators (IACLE).

The grant will assist IACLE in achieving its goals of raising the standard of contact lens education throughout the world, increasing the number of contact lens educators, and providing an international forum for the exchange of ideas and information among contact lens educators.

Mr. Fred Pettinato, Alcon international vice president of international marketing, said, "Alcon realizes the IACLE program will contribute to improving the quality of contact lens education and the number of contact lens educators worldwide. This will ultimately result in contact lens wearers receiving a higher quality of eye care. Alcon looks forward to actively participating with IACLE's leadership, staff and growing membership."

Professor Brien Holden, president of IACLE, said, "The support of major global manufacturers of contact lens care products such as Alcon is vital to IACLE's activities. Their financial support will help us to deliver key programs to more of our members, and their knowledge and experience will be invaluable in helping us to develop the most effective programs and services. We welcome Alcon as our fifth major corporate supporter and look forward to a mutually beneficial relationship."

For further information, contact Sandy Hunt-Shaman at (612) 931-0391 or FAX (612) 931-0259.

Vistakon Sponsors Fellowship at UAB School of Optometry

Vistakon, a division of Johnson & Johnson Vision Products, Inc., is sponsoring a postgraduate research fellowship, known as the Johnson & Johnson Fellowship in Cornea and Contact Lens Research, at the University of Alabama at Birmingham (UAB), School of Optometry. This one-year program is for optometrists who have completed a contact lens clinical residency and wish to expand their expertise in the area of cornea and contact lens research by earning a master of science degree.

The recipient of the first Johnson & Johnson Fellowship in Cornea and Contact Lens Research was Todd G. Slusser, O.D., a graduate of The Ohio State University, College of Optometry. Dr. Slusser completed a contact lens residency at UAB in July 1993. His clinical research project involves the effects of lacrimal occlusion on dryness related to hydrogel contact lens wear.

"There is a great need for optometrists who are dedicated to contact lens research in the field of optometric education and in the contact lens industry," said George W. Mertz, O.D., F.A.A.O., director of academic affairs at Vistakon. "The University of Alabama at Birmingham is to be commended for encouraging such research. Theirs is an outstanding program and Vistakon is pleased to provide support. By funding such programs, Vistakon hopes to help expand the number of qualified contact lens researchers available to both academia and industry."

Wesley-Jessen President Elected to NSPB Board

Wesley-Jessen President Charles M. Stroupe has been elected to the Board of Directors of the National Society to Prevent Blindness (NSPB). Stroupe was one of eleven business and professional leaders throughout the U.S. to be elected to the 39-member NSPB board at the organization's recent annual meeting. Stroupe is the only contact lens industry representative on the NSPB board.

"Charles Stroupe is a great addition to our national board," said Edward E. Greene, NSPB president. "His expertise in the eye health field will be invaluable as we develop new and innovative programs to fight preventable blindness in America."

Corning Offers New Patient Handout

Corning Optical Products announces its new 4-color, 8-panel patient handout, featuring the theme "Eyewear for Practically Everywhere" and dynamic new graphics. This new theme also appears on the attractive 4-color display holder. The panels on the patient handout are highlighted by 4-color photography showing men and women in varying active lifestyles all wearing Corning's photochromic lens products.

This new version, in addition to featuring PhotoGray Extra®, PhotoBrown Extra®, PhotoGray II®, and PhotoSun II®, also features the new PhotoGray® THIN & Dark™ lenses for patients who prefer thinner, lighter-weight glass lenses. The inside panels describe the features and benefits of all five Corning photochromic lenses: "More value, more convenience, more comfort, more fashion, more scratch resistance, more clarity."

The photochromic patient brochure and display holder are available free of charge by requesting OPO 290 (handouts only) or OPO 291 (holder with 50 handouts) and writing to Corning Incorporated, Optical Products Department, P.O. Box 286, Elmira, New York 14902 or by calling (607) 974-7278.

Sunsoft Expands Toric Value Program

Sunsoft has made available the much-requested Spanish version Sharp EL-9300C computer. Like the English version, the Spanish version computer is programmed to simplify cross cylinder over-refraction analysis that assists in converting a patient's spectacle Rx to the desired Sunsoft Toric Rx. The Spanish computer comes with easy-to-read Spanish instructions for cross cylinder over-refraction computations.

For more information or to order your Spanish or English Sharp EL-9300C computer, call Sunsoft at 1-800-526-2020 or contact your local authorized Sunsoft supplier.

Polymer's Thompson Appointed Bausch & Lomb Vice President

Polymer Technology Corporation (PTC), a subsidiary of Bausch & Lomb, announced that Robert F. Thompson, president of PTC, has been appointed as a corporate vice president of Bausch & Lomb. As an officer of Bausch & Lomb, Thompson will continue to oversee all international operations and U.S. marketing for PTC and will remain at the PTC headquarters in Wilmington, MA.

Thompson joined PTC in 1983 as a national sales manager. He became vice president of U.S. business operations in 1991 and was responsible for the development and implementation of all operating and strategic plans for the domestic market. In 1992, Thompson became president of PTC.

Storz Ophthalmics Introduces New Artificial Tear Products

Storz Ophthalmics is pleased to introduce new OCUCOAT™ and OCUCOAT™ PF Lubricating Eye Drops for the temporary relief of moderate-to-severe dry eye discomfort. OCUCOAT and OCUCOAT PF represent the newest additions to the artificial tear market and are priced lower than other leading artificial tear brands. OCUCOAT is the first artificial tear product formulated from a successful viscoelastic surgical product, and market research has shown that patients find OCUCOAT to be soothing, long lasting, and helpful in relieving dry eye symptoms. OCUCOAT is available in both a 15-mL bottle and in preservative-free, single-dose units.

For further information and product availability, contact Storz, 3365 Tree Court Industrial Boulevard, St. Louis, MO 63122-6694 or at 1-800-325-9500.

Paragon Vision Professionals Pass NCLE

Four additional professionals with Paragon Vision Sciences have successfully completed the National Contact Lens Exam, certifying them as professional contact lens fitters.

Bill Shelly, senior director of sales; Will Veneman, western regional sales manager; Donna Moore, manager of national accounts; and Greg Kline, northeastern regional sales manager sat for the examination in November 1993 and have subsequently been granted certification.

The NCLE test, a voluntary exam, is a national test similar to those given by individual states for licensing. Passage of the exam demonstrates a person's qualification as a contact lens fitter. "This achievement on behalf of these employees is a point of pride for Paragon and clearly indicates our efforts to offer customers a well-trained staff," said Joe Sicari, president of Paragon. "We will continue to emphasize education for both employees and customers as part of our overall long term goals to positively impact the vision care industry."

Financing Optometric Education

Partners in Progress

Craig Scott, M.B.A.

Thank you for inviting us to participate in your educational summit. As most of you probably know, we at Vistakon are enormously supportive of your endeavor.

We were glad to be here with you at the beginning when you convened your original Georgetown Summit on Optometric Education in March of 1992. We've remained very involved with you through the course of the five conferences that followed. And now we are very proud to be with you a full 20 months after your starting point as you conclude your summit series.

I want you to know how impressive it is to us, how inspiring in fact, to see how you have rallied around the cause within the optometric community to define the educational requirements that will be the foundation of your future. It seems to us that you have truly come together as a profession as a result of the process you have undertaken.

Mr. Scott is vice president of marketing, Vistakon, Johnson & Johnson Vision Products, Inc., the sponsor of the Georgetown Summit Conference on Financing Optometric Education and two earlier summit conferences. These remarks are excerpted from a longer speech delivered at the conference.

In our view, you have taken on a task of historic proportions by seeking to develop a far reaching, unified, strategic vision for professional optometry. Most professions, or companies for that matter, don't even ask the critical questions you've been asking, or attempt to answer them with such long range perspective. Those who do are rarely so effective as you have been in formulating coherent viewpoints to address those difficult questions.

We at Vistakon salute your efforts to articulate your mission, your dream. We applaud you for going further to carve out a tangible plan of action that will make your dream come true.

As a company, I believe Vistakon has a lot in common with professional optometry. We share the same core values. We are both striving to achieve our dreams for the future. And, finally, our futures are inextricably linked. Consider our mutual values. It is striking to compare the similarities between our Johnson and Johnson credo and your optometric oath. These testaments communicate better than any other what binds us as partners. We are both fully dedicated to the well-being of the patients we serve. We are both committed to the communities in which we live and work. We are both bound by a strict, unalterable code of professional ethics.

I believe that Vistakon and optometry share a mutual interdependence. It is obvious to us that we would never have come so far in so short a time as a company were it not for your support in optometry. Our success has been linked to your acceptance of our products, our people and the new directions we have pursued in contact lenses. Our appreciation for that support can not be adequately expressed. We know that we will need to continue to listen and understand your changing needs as a profession in order to remain on course.

In the same sense, we hope that our support will be instrumental to your success in optometry. We hope to build the contact lens market in a manner that will be beneficial to optometric practices across the United States. We intend to continue to offer to you and your colleagues new and better products that will help you satisfy your patients better.

We will develop and conduct state of the art practice management education so that practicing optometrists will be able to acquire the more sophisticated skills that will be required for managing patients and inventories in our increasingly disposable contact lens market. We would be happy to help your schools develop these same kinds of courses for optometric students, as there is an obvious void in your curriculums today. This learning will be essential if your students are to be competitive contact lens practitioners upon graduation.

Certainly we will continue to support organized optometry from the standpoint of good works. We are proud to have been the exclusive sponsor of your national Vision USA program since 1991. This initiative provides vision care for thousands of working poor persons across the United States. We are pleased to have been able to play a role as a major sponsor of your summit conferences on optometric education. Finally, we intend to maintain our support of your national and regional associations, as well as your schools in the future as we have done in the past.

We anxiously await the conclusions of your summit so that we will better understand your vision of the future, and how we can help you realize your dreams. We appreciate your allowing us to work with you as partners in the past. We look forward to maintaining the same spirit of togetherness in the future. ■

THE GEORGETOWN CONFERENCE
SUMMIT ON FINANCING OPTOMETRIC EDUCATION
November 18-21, 1993

Sponsored by the American Optometric Association and the Association of Schools and Colleges of Optometry

Underwritten by a Grant from Vistakon, Inc.

List of speakers in order of appearance

WELCOME

Richard L. Hopping, O.D., Summit Conference Chair

Daniel Houghton, O.D., President, American Optometric Association

Arthur Afanador, O.D., Ph.D., President, Association of Schools and Colleges of Optometry

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Bruce Vladeck, Ph.D., Administrator, Health Care Financing Administration, U.S. Department Health & Human Services
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Timothy Brackman, Administrative Director, Industry Relations Department, AOA
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Jerald Strickland, O.D., Ph.D., Dean, College of Optometry, University of Houston
Australian Model

L. Edward Elliott, O.D., Education Summit Committee Member
Ophthalmic Market Forces

Financing Optometric Education

Overview of the Problems and Challenges of Higher and Professional Education in the Decade Ahead

Dallas K. Beal, Ed.D.

I would like to weave for you a brief tapestry of the higher education landscape as it exists today. I want to discuss several societal issues impacting higher education and then close with some remarks on what a university can do, and what we as individuals might think of doing in a world that appears at times to be spinning out of control.

The Tapestry

Higher education in America remains without peer anywhere in the world. To a large extent we are well beyond our forefathers' wildest dreams, and we remain the envy of the world.

Last year in excess of 14 million students were enrolled in public and private universities and colleges, a growth of approximately 9 million during the past 20 years. Since 1985 we have seen annual increases of over 300,000 students per year. Total expenditures in operating this enterprise are approaching 150 billion dollars.

And what is the individual graduate worth to the U.S. economy alone?

A man with a college degree will have about $12,000 more spending power per year than a man with a high school diploma. For women the difference is a plus $9,200 per year.

Having a college degree cuts the unemployment rate by one-half — from 6% for high school grads to 3% for college graduates.

During the decade of the '80s, 50% of the increase in college enrollment was made up of minorities and foreign students. Indeed, Hispanic enrollments grew 60% and Asians 90% during the '80s.

So, despite the frustration many of us feel about how much further we have to go, the fact is there has been a substantial change in minority enrollments to the point where the focus has now changed somewhat from *access* to how better to serve students in a multicultural environment — a matter of no little significance and for which much training of faculty and staff is needed.

A backward glance shows American higher education responding very well to the societal need for access. We have put enormous and successful efforts into expanding physical facilities and programs of instruction, to increasing the production of Ph.D.'s, O.D.'s, M.D.'s, engineers, teachers and artists; and, our research and scholarship continues on the increase. We can rightly be proud!

So, with all these accomplishments, why is it that "people don't love us anymore?" Probably because our great strength and stability is viewed in a new societal context. As empires and civilizations crumbled, humanity looked to the university as a rock to cling to in a sea of change and chaos.

One of my friends has said, "In a swiftly evolving global society that waits for no institution to keep pace, we are in very real danger of becoming a historical anachronism, a bastion of arrogant irrelevance."

There is some hyperbole here, but enough truth to cause those of us at this conference to do the kind of inward and outward looking necessary as a first step in creating a new paradigm aimed at how differently we may have to conduct the affairs of the university in a rapidly changing cultural and global context.

We missed the opportunity during the halcyon years to focus our new resources as well as we should. New programs sprouted like mushrooms, and we seized every opportunity to feather our university nest from the federal largess, concerning ourselves less with exchange and subtraction than with addition. Using an old farm boy metaphor, we simply "spread the manure and waited for the flowers to grow." We, unfortunately, joined the societal march toward a new brand of self-fulfillment.

I would argue strongly that if reinvention is to be the hallmark of a new American, then the American university cannot idly stand by, perched atop some ivory tower and point a finger at the passing parade.

The university must, indeed, become part of the solution, not part of the problem, and I suggest it begins with us to create a vital engine, usable, responsive and responsible to our citizens. And, I take aim primarily at public universities.

Dr. Beal recently retired as president of Connecticut State University. He spent 44 years in higher education, 23 of which was as a college or university president.

However, before we jump too quickly into the driver's seat, let me quote an admonition from Machiavelli's, *The Prince.*

> "There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all those who profit by the old order and only lukewarm defenders in all those who would profit from the new order."

I suggest we begin by charting a new course toward a social destiny of value to an American society in trouble, one being shaped by a cultural revolution that is transforming the rules of American life, and moving us into uncharted and dangerous territory.

I shall exaggerate slightly by example of what I mean. It has to do with the noble American mission of self-fulfillment. In the increasingly extreme and modern form of its pursuit, we see the new meaning of fulfillment simply turning the old meaning on its head, and in place of a self-denial ethic we now find a new pathway used by old and young alike who refuse to deny themselves anything on the strange moral principle that "I have a duty to myself."

It's as though millions of people decided simultaneously to conduct risky experiments in living, using only the materials at hand — their own lives.

The contradiction comes from the defective strategies self-fulfillment seekers employ. These people unwittingly bring a set of flawed psychological premises to the search for self-fulfillment, which is the premise that the human self is a hierarchy of inner needs, and self-fulfillment an inner journey to discover them.

Their goal is to expand their own lives in the "me" generation, but often the strategy they employ constricts them. By wanting to keep all their options open, they diminish them! Where have the risk takers gone? It seems abundantly clear that the current journey to self-fulfillment is seriously flawed. This worries me!

A Society in Crisis

Higher education needs to disconnect from past and admittedly glorious achievements of the kind I mentioned earlier. We expanded, we built, we created and we produced for those times. The times we are in now require new vision and conduct because we face vastly changed realities of a society in crisis.

I like to read Alvin Toffler. I am a great underliner, and I love the new highlight pens. Except that I find myself highlighting whole pages of his text. If you haven't read his new book, *Powershift,* I commend it to you.

In this book he very powerfully, in over 400 pages, takes us to the edge of 21st century civilization. His view of the emerging global power structure — that is, knowledge, wealth and violence — carries a strong message for us all.

He says, "The use of violence as a source of power will not soon disappear. Students and protesters will still be shot in plazas around the world. Armies will still rumble across borders. Governments will still apply force when they imagine it serves their purposes. The state will never give up the gun. Similarly, the control of immense wealth, whether by private individuals or public officials, will continue to confer enormous power on them. Wealth will continue to be an awesome tool of power."

He goes on to say, "Nevertheless, despite exceptions and unevenness, contradictions and confusions, we are witnessing some of the most important changes in the history of power. For it is now indisputable that knowledge, the source of the highest-quality power of all, is gaining importance with every nanosecond."

If Mr. Toffler is on target, let us make the most of this opportunity. Because we are, indeed, in the knowledge business, and we do it well!

We have, through the investment in technology, been fortunate at most universities to have expanded our search for and dissemination of knowledge far beyond the books in the library. Just last week I inaugurated our new library automation system that connects our four universities and joins us not only with libraries within the State of Connecticut, but in the world. Following my talk I observed four of our Russian foreign students using Internet to exchange information with their friends back home.

The nation's vast information highway is but a year or two away, and in my own university our goal is to make available instruction to anyone in the State of Connecticut who has a telephone and television set. Next semester our courses on television will bring nursing instruction to eight hospitals throughout Connecticut. Before the year ends, our investment of $15 million in telecommunications will provide data, voice and video connections to every office and dorm room in our system, with added intercampus interactive television capability.

My university is not alone in these advancements. We are very good at things like this — all of us! Maximizing their implementation is another matter.

The Global Village

With all our advancements in technology, our laudable achievements in building great research and teaching universities and our capacity to enroll over 14 million students, I'm convinced that our universities pretty much remain at a distance from the mainstream global village and only make commitments to step outside historic parameters when additional sources of funding are offered.

This is the old paradigm! This is pretty much business as usual! This is saying to a culture in deep trouble, "We perhaps have what you want and need, but you must agree to come to us on our terms alone, including, I'm afraid, at a price not even close to affordable to the vast number of students American society needs to educate!" An exaggeration - maybe!

Someone handed me a sheet of paper the other day that outlined the global village (as represented by a village of 100 people). It would consist of:

- 56 Asians
- 21 Europeans
- 9 Africans
- 8 South Americans
- 6 North Americans

Of these people:

- 30 would be Christian
- 17 Moslem
- 13 Hindu
- 5 Buddhist
- 5 Animist
- 9 Miscellaneous
- 21 Atheist

Of the 100 people:

- 6 would control half the income
- 50 would be hungry
- 60 would live in shanty towns
- 70 would be illiterate

Closer to home, we must begin to think well beyond our university borders and act upon the understanding that we live in a nation unable to nourish its most precious resource — its children. And, I hardly need to tell you what impact this will have — indeed **is** having — on higher education.

The National Center for Children describes a time bomb ticking in our hands — I think it's worse than this. It is exploding as we speak! The statistics show that firearms are the leading cause of death for young African

American males.

There were 2,555 juvenile homicides in 1990. By the year 2000, the number will be 8,000. Teenagers are the victims of 30% of all violent crimes. Three million crimes occur on or near school property each year. About 135,000 guns are brought into school every day.

These largely are crimes perpetrated by those children reported in poverty during the mid '80s in the report entitled, "One-third of a Nation." The poor children of the '80s are today's teens and following in their path is another generation of the very young whom the nation continues to neglect at great peril.

Forty percent of our children under age 6 live in poverty. Sixty percent of our poor children under the age of 6 are minorities. Over ten million of our children under the age of 6 live in poor families. Twenty-two percent of our poverty children live in rural America. Twenty-five percent of our nation's children live with only one parent (The number of illegitimate births boggles the mind).

It is increasingly chilling to contemplate what will happen when these 10 million 6-year-olds reach the age of 13 in the year 2000 or, at 16, are unable to afford admission to college.

It is equally chilling as we look for badly needed resources, to learn that not only are health care costs out of control in this country with the highest percentage of the health care dollars going to the last four years of life, but that the cost of corrections ravages most state budgets.

In Connecticut, it costs $320,000,000 annually to run our Corrections Department — $24,000 per inmate and growing. Connecticut has 13,000 people in its prisons, roughly half as many full-time prisoners as full-time students in my university. Yet, the university's state budget is $95,000,000 and will be reduced again in '94-95. We build dormitories at less than $30,000 per bed — prisons have a bed sticker price of $80,000. What does this suggest?

Of course, we care deeply about the plight of the nation's children, but we should care as much about the terrible human and financial cost of not attending to this most important of all societal issues.

I am convinced the potential destruction of higher education and, indeed, American society as we have known and wish it to be, lies imbedded in this issue.

Let us bring into focus the very compelling issues I have just mentioned which include the need for a new paradigm in which: (1) self-fulfillment returns more often to self-denial, (2) the university proactively turns its attention and its resources to "saving the children," and (3) the university disseminates through information networks its vast store of knowledge to all who wish to gain access. The clear interconnectivity of the elements in this new paradigm is obvious. They should form important threads in the new fabric of our universities, remembering that success or failure lies largely with us and with our colleagues.

I suggest we keep in mind that society's greatest expectation of higher education is that **its own practices demonstrate its acclaimed convictions! For that is how we shall be judged.**

Student Aid

There are also very clear issues that bear down externally on the conduct of higher education. Time permits me to touch only on two.

Since about 1975 the bulk of the increase in federal assistance to students has been in the form of loans — the increase has been from about $1 billion to over $14 billion — with zero growth in federal grants. We now roughly have about $130 billion in debt carried by graduates of our institutions, counting loans that may have been retired.

While this enormous debt is piling up, the root cause clearly has been the rising cost of higher education put on the backs of our students as a result of a decline in the rate of annual increases in state appropriations.

In my own state of Connecticut, the impact of a no-growth budget since about 1988 has cost students an increase in tuition of 150% at Connecticut State University and 246% at the University of Connecticut.

We, like you, are victims of the demands of other state priorities and a legislative attitude that access is the university's concern. The issue cuts across undergraduate, graduate and professional education and, if allowed to continue, may well go down in history as a prime contributor to the decline of American civilization — it is that serious!

At Connecticut State University, the mean duration of enrollment of black males to completion of the B.S. degree is now seven years (plus) and for Hispanic females, it is the same. Most leave with a debt approaching $20,000 and growing. We must change our attitude that students must be ready for college; the new paradigm demands that we be ready for them.

An audit of the measure of our loyalty to the 19th century principle of access, I submit, would clearly place the nation in default. Any prediction of the future that applies only the principles of the past probably puts higher education on the critical list.

Well-meaning people in this town are working toward solutions; however, I fail to see any that hold promise of a cure as the disease continues to worsen. I confess that I sometimes feel the whole system of student aid is genetically flawed, and that the best solution may be found in starting over.

So much for my blurred vision on financial aid, except to say that at least in the public sector there is a solution that seems to have escaped our view. It is found in the question, "Shouldn't we support our colleges and universities sufficiently well so that tuition is unnecessary?" Think of the bureaucratic burden of expense that would be lifted!

And, "Is it desirable for America to behave as though higher education is a consumer good to be purchased on credit?" I think not! But that is what has been happening!

Campus Autonomy

Finally, I am very deeply concerned that American higher education is witnessing the rapid erosion of campus autonomy. Indeed, some would say the horse is already out of the barn.

The temptation to compromise campus autonomy takes on many faces — more than a few smile temptingly from Washington and state capitols. Let me cite examples.

The federal student aid program is one. Plans fully ready for implementation, in the name of financial aid oversight, may drop a wide net of assessment on an already burdened system choked with testing and measurement requirements that originate increasingly in state legislation.

State legislators who tout the necessity to free campus operations from the clutches of Boards of Trustees' policies and the intrusion of system officials too frequently are inclined to anoint *themselves* with legislative oversight, not to exclude the expectation of repayment of their appropriation generosity through the exercise of attempts even to micromanage university hiring practices.

While it may be appropriate in the public sector for external bodies to determine an institution's mission, once a campus's mission has been determined, it should be afforded the flexibility necessary to carry that mission forward with minimum oversight.

I urge us all to vigorously resist such developments, both internal and external. But, I am reminded also of the necessity of managing what we do with a level of watchful integrity that does not invite the excuse for more external oversight.

Rejecting the Paradigms of the Past

What can universities do — and what should we do — as individuals with responsibilities both as citizens and university officials? Since we, indeed, are the university, the response is one and the same. Ultimately, our vision and concerns are only as good as the actions they inspire. What, then, are the possibilities?

Act in a manner that sets the example of responsible citizenship. Abraham Sakar once gave a talk listened to by a young president. His title was, "The Bad That Good Men Do." Essentially, his message was that we don't often put good people in jail for doing nothing — but we should!

Every newspaper has an op ed section. We should use it to speak out on the issues of the day.

As higher education leaders, perhaps we should spend more time on the street, in the schools, and in settlements and become more acquainted with the changing world, apart from the daily issues associated with running the university.

Maybe we should take a sabbatical. A college president recently took a year to work as a busboy and ditch digger among other pursuits. He found it very rewarding, at least psychologically. I believe he said he lost weight!

Some time in the prison system, as a visitor and observer, would give us added perspective as would a week in a New York City courtroom or police precinct.

When was the last time you experienced the smell of poverty and were able to feel the grime and dust? The faces, no, the eyes, of the poor are dull, beaten and hopeless. They do not look at you, but away — unless they are begging. The huddled shapes lying stretched out on sidewalks are more than just lumps of humanity — they pose the questions: "Why are they here?" "Why are they so poor?" They force us to reach beyond any cynicism, especially when we see the children, and should, indeed, spur us to action.

Perhaps some of us need to attend college classes again — to sit in class, to learn about the new technology or whatever else is of interest and value to the changes we seek. The list of possibilities goes on and on.

For higher education to meet the challenges of yet another frontier requires that we step out of the "box" we are in. That we begin thinking about what is possible more than what is necessary, and ask our faculties to join us in the exercise. I guarantee you, the results will be surprising.

It may come as a shock for you to know that I remain an optimist, one who believes very much in what we do and that we have much to be proud of. But, I'm also a realist when it comes to facing up to what needs to be done.

I think we need a wake-up call or whatever is required to begin realistically to think outside the paradigms of the past. I think we can do this — I think we must! ■

Financing Optometric Education

The Struggles of Health Professional Schools When You Are Not the Major Player

J. Howard Oaks, D.M.D.

While it may be axiomatic that all people are created equal, nothing could be less equal than the status of the health professional schools and colleges that educate students in this country. By equality, I am not talking about whether Yakima Community College and Yale are equal, or even comparable, but about the lack of equality among the different health professional schools that exist within a single institution.

"When You Are Not the Major Player" was suggested to me as part of the title of this talk. That's a clever way to frame the issue of the relations between health professional schools within an academic health center. Who, pray tell, could be the major player on a campus with an academic health center? There are a lot of tough questions in life. That's not one of them. As they say in Washington, "It's medicine, Stupid." What' the definition of major? In my academic health center, which includes programs in allied health, dentistry, medicine, nursing and social work, medicine is responsible for only 20 percent of the students, but 98 percent of the budget.

Before dealing with the question of what you do when you're not the major player, let me characterize the way the game is usually played in academic institutions. One of the things that makes the academic game harder than baseball is that it's impossible to tell when the game starts or when it might end. Unlike baseball there are no written rules, no innings and no way to tell the score. The field is rarely marked and never level. The low stakes make for dirty play. In fact, the academic ball game is the dirtiest one in town precisely because the stakes are so low and the field so tilted. The only certainty is the golden rule. The one with the most gold is the major player, and the player who owns the ball makes the rules. You are optometric educators. I am a dental educator. I used to employ podistric educators. We all know what it means not to be the major player.

If you are not the major player, who are you? The other players fall into three categories. How you get to play is primarily a function of the category into which you fall. One category is the competitors. These are the professions that compete directly with allopathic medicine for patients, parts of the body or the money that flows from care of those parts. Osteopathic medicine, optometry and podiatry are the most obvious competitors. You compete with medicine for patients and some of their eye money. Podiatry is in the same situation. A second category could be described as independents. Dentistry is one obvious example of an independent because, with the exception of maxillofacial surgery, physicians lost interest in teeth over a century ago.

The third category of players is the codependents, the professions upon which medicine depends. Codependents include nursing and most of the allied health fields. Codependent practitioners generally work with, or even for, physicians.

In an academic health center, the relations between medicine and everyone else are functions of the category into which you fall. If you are a competitor, watch out. Medical schools strongly oppose the existence of competitors. One rarely finds schools of optometry, osteopathy or podiatry in universities that operate medical schools. Even independents need to be very careful. Medical school fingerprints have been found on the shovels that have buried dental schools. Except in the most elitist private universities, codependents usually do quite well. Most academic health centers have at least several such programs and the medical school is often instrumental in their creation.

The invitation to give this talk suggested that I describe some of my academic adventures at Stony Brook, including their relation to my medical school. The master plan for Stony Brook included schools of allied health, dentistry, medicine, nursing and social work. Shortly after those programs started, but long before the medical school reached maturity, then governor Nelson Rockefeller raised the possibility of creating an optometry program in the state university system. "Why not a college of optometry and maybe

Dr. Oaks is vice president for health science, State University of New York at Stony Brook, Health Sciences Center.

at the new center at Stony Brook?" he asked.

"Not on your life," said my predecessor, who was a major player. "Optometric technologists, maybe. Optometrists, never."

So much for the possibility of a college of optometry at Stony Brook. Shortly after, the College of Optometry, of which Dr. Norman Haffner is still the president, was created in Manhattan. Ever since, Norman has referred to my predecessor as the "Father of the College of Optometry."

What Happened to Stony Brook's School of Podiatry?

Then Nelson tried again. "Why not a state college of podiatry and maybe at Stony Brook?" he saked.

"Sir, yes, Sir," my predecessor answered. Then he resigned. When I arrived at the train station to take this job, the schools of allied health, dentistry, medicine, nursing and social work had opened. As I got off the train, I noticed that a fellow passenger had picked up a newspaper whose headline screamed, "New York City Financial Crisis Assumed by the State." "Sounds bad," I said.

"Yes," he said, "and I'm arriving to start a new school of podiatry here."

"Let me introduce myself," I said.

Figuratively speaking the next headline said, "Governor Carey (notice the change) Announces that City Crisis Will Be Solved by Cutting 10,000 Jobs, Further Reducing State Expenditures by $684 Million (or some similar amount) and by Closing Stony Brook's School of Podiatry." And that was the end of the school of podiatry at Stony Brook.

How Did Stony Brook's Dental School Survive?

The dental school, which had been the last school to open and which had the smallest enrollment, would have been next. After all, dental education is very expensive and dental faculty don't win Nobel Prizes or get elected to the National Academy of Sciences. By the rules of research universities, dentistry is a peripheral, not an especially academic discipline, just like all the other non-major players. Arrayed against the continuation of the dental school at Stony Brook were a considerable number of forces — the forces that wanted no competition for students, for state support or for patients. Opposition to the Stony Brook dental school came from the other dental schools in the state, from local dentists and from other Stony Brook programs that wanted more money during a time of shrinking resources.

The dental school had some enemies, but the major player was not one of them. The school also had some assets. It had a very good student body; the best student body among American dental schools as measured by national academic credentials on admission and by national licensing results at graduation. Until recently, dental students were as good as Stony Brook medical students, which helped a lot. The faculty did more federally funded research than most other Stony Brook faculty and more than any other American dental school on a per student basis. The faculty were the largest source of dental care in the region for the poor, the mentally retarded and the physically handicapped. It also had me! Those things all helped, and ultimately the school survived threats to closure.

It survived during a period when dental education was undergoing a major contraction. Five dental schools have closed during the past decade and most schools have reduced their enrollment. The number of new dental graduates has dropped by a third during that period. That has occurred because the number of well qualified applicants who would pay for a dental education has dropped; because the perceived need for dentists (and as a consequence, the attractiveness of the profession) has dropped; and because private universities, never very interested in dental education, have found various reasons for abandoning the field. Basically, dental schools saw what was wrong — overproduction — and took the necessary steps. Stony Brook bucked the national trend in part because it was in the public sector, partly because the major player was sympathetic and partly because it played by the rules. It also survived partly because it emphasized three things — quality, quality and quality.

It would have been interesting to see what would have happened at Stony Brook had schools of optometry and podiatry been started at an early stage in the development of the academic health center, before the major player grew into the proverbial 800-pound gorilla that it has now become. Could they have survived? Could quality have won? No member institution of the American Association of Medical Colleges (the major player's trade organization) has either a school of optometry or podiatry. Yes, it would have been very interesting to see what would have happened.

Funding Health Professions Education

I have long been intrigued by the idea, first espoused by a past president of Radcliffe, that the education of doctors (which I liberally take to mean dentists, optometrists, podiatrists, and physicians) should be free in return for regulation that would deal effectively with geographic and specialty distribution. I have, however, learned to keep quiet on that point.

As you all know, the Clinton health plan proposes set-asides for education from the pool of national health care purchasing money. I like that idea and the associated controls that are proposed. I would like to see that become the basic mechanism for paying for all health professions educational costs as long as it's not controlled by medicine or limited to paying for graduate medical education (residencies). Otherwise, I am unhappily afraid that financing our educational programs will continue much as it has to date — a game that's never over, one where you have to play by rules, but by rules that are never knowable, and mostly by rules that are made by the major player. No wonder the game's not as easy as it looks. ■

REQUEST FOR PROGRAMS

Optometric faculty are invited to submit computer based instruction programs for review in a new department that will be inaugurated in *Optometric Education.* Computer instruction programs will join resource reviews and abstracts as regular departments in *Optometric Education.*

Please submit the programs to:
Patricia C. O'Rourke
Association of Schools
and Colleges of Optometry
6110 Executive Blvd., Suite 690
Rockville, MD 20852

Include name of program, publisher and instructions for obtaining copies.

Financing Optometric Education

The Rise and Fall of Federal Support

Lawrence M. Sauer, M.S.

Historical Background

Since 1963 there has indeed been a rise and fall of federal support of health professions education. Actually, when the Clinton Administration budget proposals are factored in, the historical perspective looks more like a rise, a fall, and now maybe another rise.

The trends of actual congressional **appropriations** in the health professions training area in recent years are fairly familiar. But I would like to present some numbers from a slightly different perspective: Presidential/Executive Branch budget **requests** since the health professions funding got started in the early 1960s.

In 1963, the President asked for a total of $51 million for health professions training. The budget requests — like the actual appropriations — increased sharply immediately thereafter, going all the way up to $541 million for Fiscal Year 1972. This is the total request for all Public Health Service health professions and nurse training programs of direct aid to health professions schools and students — medicine, dentistry, optometry, pharmacy, etc.

Then came the "great decline." Between 1972 and 1982, the annual Presidential budget requests for health professions training fell from $541 million to $150 million — and all these numbers are in constant, uninflated dollars, so the decline in actual purchasing power was even greater than the numbers indicate. In FY 1986 and 1987, the Reagan Administration budget request for these programs — including aid to medical schools and medical students — was for exactly zero! Since then, the curve has been rising a bit, getting up to $112 million for FY 1993, but nowhere near the 1972 peak of $541 million. To reach that peak again, in terms of today's purchasing power, would take an appropriation of well over a billion dollars per year.

Mr. Sauer is director, Division of Legislation, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Implications for Optometry

What exactly is to be gained by reviewing this generally downward trend in Presidential requests and appropriations for health professions training money? It gives us, I believe, a clear indication of recent priorities, as well as a hint for the future.

On the surface, it might appear that the determining factor is the political and economic philosophy of the party occupying the White House, with the early rise coming in the Democratic Johnson Administration, and the low point being reached in the Reagan years. But in fact, the high point was reached during the Nixon Administration, and no real increase was seen during the more liberal Carter Administration.

The bottom line, and the lesson, in my opinion, is that the Washington policy-makers — both in the Executive Branch and in the Congress — simply became disenchanted over this 30-year period with the concept of attempting to solve the country's health care delivery problems by giving lots of money to health professions schools to help them turn out greater numbers of practitioners.

As much as we all might pine for the "good old days" of the 1970s, when lots of federal grant money was available, the fact is those were very special times, not likely to come again. In those days, the federal government was operating under a now-discredited theory that the country's health care needs could be largely met by a massive increase in the number of health professionals of all types. People then were convinced that the wisest policy for government was to support the training of more and more health professionals, in hopes that competition would result in their effective "dispersal" throughout the country. As we all know, it just did not work.

But, one might ask, how does all this relate to the Clinton Administration's health professions budget request for FY 1994, which proposes a large increase, back up to $290 million?

The short answer is that the Clinton Administration does have some specific priorities in the health professions training area, but these priorities are not aimed at simply turning out more physicians, dentists, nurses — or optometrists. A close look at the Clinton budget request shows a clear preference for support of **primary care physicians, nurse practitioners and** physician assistants. Another major thrust is to produce practitioners who will provide primary medical care to underserved populations. A third objective is to support minority health professions students, exactly because these individuals have been shown to be more likely to become primary care practitioners, and to work in underserved areas.

Let me be absolutely clear on this matter of "primary care." In the Executive Branch and in the Congress, this term is rarely used to include optometrists, pharmacists, podiatrists or veterinarians. Optometrists, with considerable justification, in my opinion, may very well consider themselves primary care practitioners. But the current "push" to encourage the development of additional highly-needed primary care practitioners translates into **primary care physicians, nurse practitioners and physician assistants.**

Organized optometry may try to change that, of course, to work for optometry's inclusion in the general "primary care" concept. But right now, that is not the case.

Prospects for Federal Financing

I conclude this honest, but — from optometry's point of view — not very optimistic presentation by offering an opinion on the prospects for federal financing of optometric education.

My advice, unfortunately, is negative advice. Whatever strategy or strategies the profession devises for financing optometric education in the near future, I would not recommend counting on a resurgence of the 1970s type of direct federal support of optometric education. I just don't think that is in the cards.

Indirect support from research grants, of course, will continue to be extremely beneficial for individual institutions.

The profession might work on securing additional indirect support by recruiting more minorities into the profession, because various federal loan programs can be used to support such students.

But it would be very unwise, I believe, to think that the "good old days" of massive direct federal institutional support can be brought back to life. ■

FUTURE MEETINGS

ASCO Student Affairs Committee Meeting — June 20, 1994. Denver, CO. Contact: Lisa Wright-Solomon (301) 231-5944.

ASCO Student Affairs Officers Meeting and Workshop — June 21, 1994. Denver, CO. Contact: Lisa Wright-Solomon (301) 231-5944.

ASCO Committee Meetings — June 22, 1994. Minneapolis, MN. Contact: Rebecca M. Defibaugh (301) 231-5944.

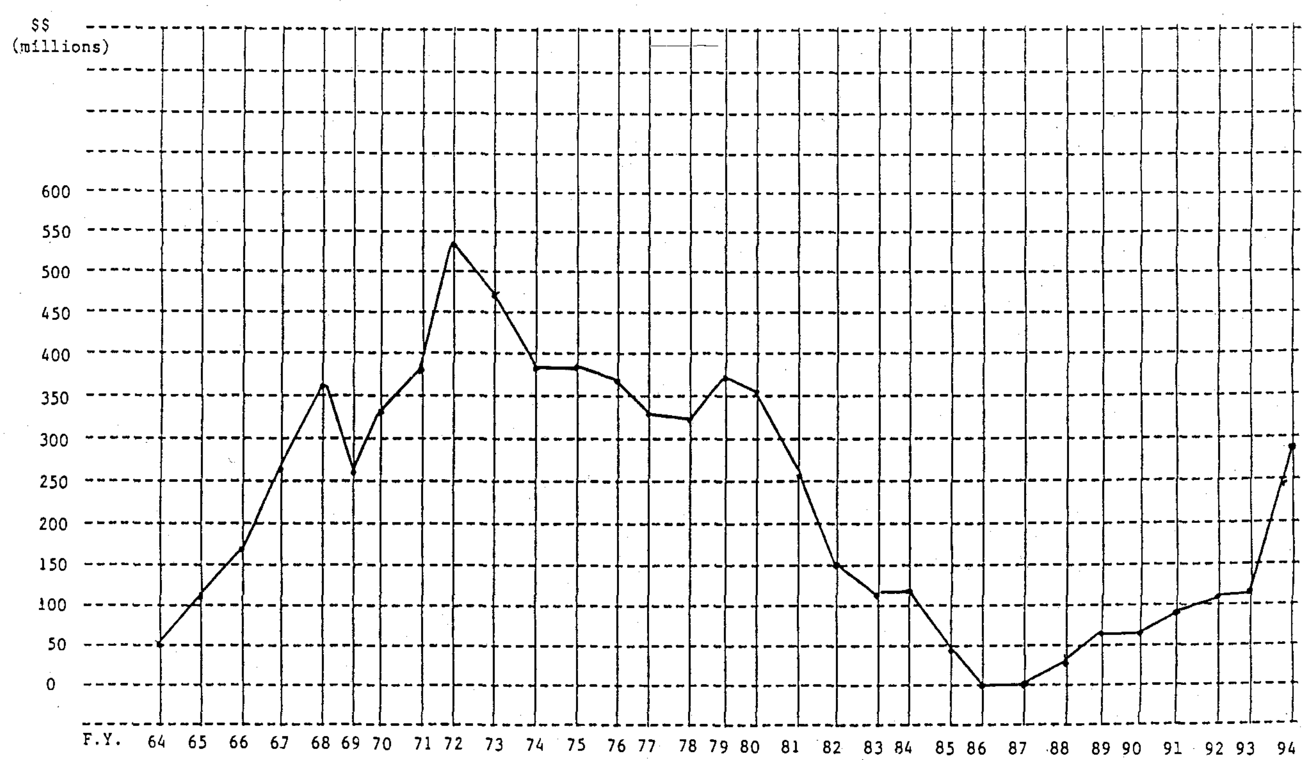
ASCO Executive Committee Meeting — June 22, 1994. Minneapolis, MN. Contact: Martin A. Wall (301) 231-5944.

ASCO Annual Meeting — June 23-24, 1994. Minneapolis, MN. Contact: Martin A. Wall (301) 231-5944.

ASCO Annual Luncheon — June 24, 1994. Minneapolis, MN. Contact: Patricia C. O'Rourke (301) 231-5944.

ASCO Sustaining Member Advisory Committee Meeting — June 26, 1994. Minneapolis, MN. Contact: Patricia C. O'Rourke (301) 231-5944.

Figure 1.
Administration Budget Requests — PHS Health Professions Training



Financing Optometric Education

Overview of State Funding and Tuition Trends in Health Professions Education

Frank C. Abbott, M.P.A., Ph.D.

I have to admit that I come to the topic of state funding and tuition trends in higher education with a near 50-year perspective; and I can only hope that qualifies me to talk about the traditional methods of funding optometric education!

When I entered Cornell University in 1938, the proportion of high school graduates going to college in this country was about 10 percent, and a strong majority of those who went to college went to private institutions. Except in California, there were few community colleges, and the state colleges and universities were small and heavily oriented to teacher education, except for the relatively few land-grant and so-called separated state universities.

Most of those who went to college were white, middle-class types like me, and more male than female. Costs were a problem for some students, but not on the scale that college costs present today. Fewer poor kids went to college then, and costs have risen a great deal. My annual tuition at Cornell University was $400, which I estimate was about eight percent of my engineer father's middle class salary; room and board and books boosted my annual total cost to a bit over $1,000, part of which I was able to earn. Money was worth a lot more of course; but I figure that just one generation later, the annual cost of putting one of my own children through Cornell (which I did not have to do) would have consumed at least a third of the middle-class annual salary I was making when our children were in college.

From the standpoint of governors and state legislators in the years prior to the Second World War, higher education was not a major interest or concern. It was a much simpler day. There had to be appropriations for each of the public colleges and universities, of course, but these tended to be mediated by the local legislative delegation, and the money came from a pot that I'm sure was never big enough but which experienced relatively little additional demand from one year to the next.

Legislators did the information-gathering and analysis and appropriation of funds to the institutions without a large stable of executive and legislative budget analysts and staffers, without offices full of bureaucrats for one or more systems of public colleges or universities in the state, and without state higher education agencies with their own data gatherers and analysts and planners. Back in the 1940s and early 1950s, nobody asked about such things as cost per student, anyway.

Enrollment Grows and Diversifies

Well, need it be said? A few changes have been made in the near 50 years since the end of World War II.

In the decade following the war, there was a crush of enrollment deriving not only from four years' accumulation of people who went to war instead of to college, but also from the G.I. Bill, a financial aid measure that brought to higher education not only many more, but many different, students than had been able to go to college previously. It was the start of a developing phenomenon that by the later 1960s and the 1970s was identified as the "new students" in higher education; it was becoming possible for a considerably larger spectrum of society to think of college as an option.

The civil rights movement reinforced this change. The first Civil Rights Act in 1957 marked the beginning of a series of administrative and legislative enactments that in the next two decades dramatically changed the options available to minority communities, and to women of all racial and ethnic backgrounds. The National Defense Student Loan program in 1958 initiated another series of steps that demonstrated a continuing national interest in assisting financially the broadening spectrum of the population that was becoming aware of opportunities for their own advancement through higher education.

By the early 1950s, pressures for admission in the health professions had become severe. States that supported professional programs in medicine, dentistry, and certain other fields were restricting enrollment of nonresidents

Dr. Abbott, a former executive director of the Colorado Department of Higher Education, retired in 1992 as senior program director of the Western Interstate Commission for Higher Education.

in order to accommodate their own residents, and the pressure on the less populous and less well-heeled states to create costly health professions schools for their own residents was becoming irresistible. There developed a remarkable movement among the states to share higher education resources by creating interstate compacts — in 1948 in the South, two years later in the West, and a few years later in New England — under which states lacking certain health professions schools could gain access to such programs in nearby states. Through the new compacts, health professions schools received a fee from a student's home state in addition to the tuition paid by the student, and this made it financially and, in the public sector, politically possible for them to reserve a number of places for students from other states in the compact. The long-term nature of these arrangements, as well as federal programs for facilities and capitation that came a little later, made it possible for some health professions schools to expand their facilities and their enrollments and become, in a sense, regional institutions.

Federal Involvement in Education

But the size and the urgency of the expansion problem demanded more support than the states alone could muster. On October 4, 1957, "Sputnik" created a political environment in which federal intervention in higher education was welcomed. The National Defense Education Act in 1958 was the most comprehensive of some 80 laws related to education that were enacted in 1957 and 1958, many inspired by Russia's shocking leadership in venturing into space. Federal interest in education at all levels accelerated. The Health Professions Educational Assistance Act of 1963 brought to the major health professions, including optometry, funding for both facilities and for student loans; amendments to that Act in 1965 added capitation funds expressly intended to encourage institutions to add places for more students and for new institutions to be created. For higher education generally, there was the Higher Education Act of 1965, through which the federal government affirmed a long-term and increasingly influential role in public and private higher education.

The pressures for admission in health fields and the impact of federal support can be illustrated by looking at enrollment growth in any of the health professions. In 1940, the total enrollment in optometry was 1,534. In 1953-54, at the time the numbers of G.I. Bill-aided veterans were peaking, there were about a hundred more (1,631) students in 11 schools. In 1960, however, the numbers were considerably fewer—there now were just nine schools (the Illinois College of Optometry had been created through the merger of the two Chicago-based schools, a net loss of one school, and Columbia had closed out its optometric program); enrollment had fallen to 1,124.

Twenty years later in 1981, impelled by federal programs during the 1960s and early 1970s as well as by state action, enrollment had quadrupled to 4,541 in what was then a total of 15 schools. In the twenty years since 1960, six new publicly-supported schools and colleges of optometry had been created. Not incidentally, a quarter of the students in 1981 were women. In the ensuing dozen years — to bring us to the most recent of ASCO's published numbers — the total enrollment has grown only a little, to 4,998; the number of schools is now 17. More remarkable is that almost half of today's students are women.

Growth in Higher Education

The growth seen in optometry was also evidenced in other health professions and in higher education in general. The 1960s were a decade of fabulous growth in higher education. Tuition in public institutions was low relative to family income, and still relatively low in the private sector as well. The growth of enrollment in the 1960s, particularly in public institutions, could be illustrated in many ways, but I know of no better illustration than New York, where during the ten years of the 1960s, enrollment in the State University **quadrupled** and in the City University of New York **nearly tripled.** In 1960, only 40 percent of New York enrollments had been in the public sector, 60 percent in the private. Just ten years later the proportions were reversed: 60 percent were in the public system and 40 percent in the private, and this despite the fact that during those ten years enrollment in the private sector had increased 50 percent!

During these years virtually every public and many private institutions were expanding, new state colleges and state universities with comprehensive missions were being built from scratch and community colleges were sprouting around the country at the rate of one a week.

I have been talking about growth in enrollments and in the institutions accommodating those enrollments. But growth was also going on in budgetary impact, and governments did not ignore that very long. As state higher education costs mounted during the 1950s and 1960s, more and more states—while appropriating the money—established statewide higher education boards and staffs to undertake long-range planning and in many cases, to advise legislatures and governors on higher education budget requests. Institutions as well as state governments became increasingly conscious of costs. In the later 1960s, the Western Interstate Commission for Higher Education took the lead in organizing institutions and state agencies in cost analysis efforts that soon produced NCHEMS—the National Center for Higher Education Management Systems—through which institutions and state governments devised better cost definitions, information-gathering and reporting procedures, and in general began to consider the cost dimensions of current operations and of plans for future program development. The word "accountability" was becoming painfully familiar in conversations between higher educators and state legislators.

In the years between 1960 and 1980, the burden of college costs shifted somewhat between governments and families including students. In 1960, as in years prior to World War II, students and their families had provided more than 50 percent of the grand total of revenues to public and private higher education in the U.S. (that is, including income for research, auxiliary services, etc.). During the 1960s and 1970s, as public colleges grew in number, size, and share of overall enrollments, state and local funds grew steadily and the proportion of costs borne by students and their families actually saw some decline.

Federal and State Support Drops

But during the later 1970s, and progressively in the 1980s, the federal role was muted. In the health fields, federal studies in the mid-seventies began to show that enrollment capacities had become sufficient for future needs. The result was immediate: from 1976 - 1978, federal appropriations for health professions teaching facilities dropped from nearly $300 million to zero. Capitation programs were phased down. In higher education generally, programs such as support for facilities were terminated, and federal support was focused on student aid, where grant programs were restrained and the emphasis shifted to loans.

Among the states, too, over the last couple of decades there was a progressive relative diminution of support as the competition for state appropriations has intensified, from welfare, corrections and other public safety programs, numerous new environmental programs, obligations for interest payments, and governmental administration costs, not to mention elementary and secondary education. Between 1977 and 1991, in the U.S. as a whole, the percentage of state tax revenues going to public higher education fell 16 percent, while tuition income as a percent of total appropriations rose from 21 to 28 percent. In the latter half of the 1980s, tuition in public institutions in the U.S. rose on average more than 9 percent per year; in the 1980s, tuition rates doubled. By 1990 students and families were again contributing half the total revenues for higher education; and with declining state support in the 1990s, the percentage that they are paying continues to increase.

Thus, by the middle and later 1980s, higher education institutions, including programs in the health professions, found themselves in the best of times and in the worst of times. Higher education had achieved broad public recognition as the essential route to individual advancement. Most high school graduates expressed the intention to go to college, and, in sharp contrast to my peer group in 1938, nearly 60 percent actually did. At the same time, tuitions were up—inflation had driven all costs up, so the costs both to the states and to students and their families had mounted, and were continuing to mount, to the point at which many parents were despairing of their ability to send their children to the college of choice, if to college at all. And for students, going to college in most cases meant also a substantial mortgaging of the future—loan programs were available to pay tuition and keep bread on the table, but at the cost of starting out in the world of work with debt burdens that their parents would not have imagined in advance of buying their first house.

But, as we all recognize, however tough things had become by the later 1980s, it is the 1990s that have taken a frightening toll in higher education in Massachusetts, New York, Ohio, Virginia, Oregon, California, and in all too many other states.

The recession which moved across the nation in 1989 and 1990 marked the end of a series of years that were difficult, and made the times close to unbearable for higher education. But, as I have suggested, there has been more to the problem than the recession. We have to face the fact that higher education costs have continued to rise, at a rate greater than the rate of inflation. We also must remember that, exacerbated by the retreat of federal, state, and local governments from their prior levels of support, and in spite of institutional efforts to contain and reduce expenditures through reductions in most discretionary accounts, tuition and other costs to students in both public and private institutions have continued to rise faster than the cost of living.

. . . higher education is an asset, from which the returns to the public are enormous.

Moreover, we live in an age of "investigative reporting" when the general assumption of the media and the public seems to be that there are worms under every rock and that all of us, and certainly the media, have the right to turn over all the rocks in order to discover the worms that are presumed to be undermining the foundations of our society. Unfortunately, I think we have to admit that enough worms have been uncovered within the higher education edifice to encourage the searchers.

The Outlook for Higher Education Funding

So, what do we do? My subject was the traditional state funding and tuition, and no doubt I should quit right here! But the traditional has proved to be seriously insufficient. I will take a few moments to conclude with some thoughts that grow out of my experience during the past year as staff director for the Regents Commission on Higher Education in New York. Working with this eminent "Blue Ribbon" commission was a rich learning experience; there were business persons, retired professors and educational administrators, a couple of state and federal legislators and other outstanding people drawn from across the country.

What the Commission said in its report is that **higher education is an asset, from which the returns to the public are enormous.** Colleges and universities are society's engine for economic growth. Higher education plays a key role in breaking the cycle of poverty for uncounted thousands and, nationally, millions of people, thus reducing the burden on other social services. Virtually every significant advance in knowledge and technology originates with college-educated people, and often in university laboratories. The country's leadership—political, economic, scientific, professional, cultural—derives from the colleges and universities. For the individual, the returns include measurable benefits such as much greater lifetime earnings, and hard-to-measure returns that enhance the quality of our lives.

The Commission went on to say that the **higher education asset is eroding.** There has been erosion in state support. There has been erosion in affordability. And we kid ourselves if we deny that there has been erosion in quality.

So, what are our options?

1. We can "assume a miracle." But history does not encourage us to count on one.

2. We can tough it out, as we have been doing, hoping for an economic resurgence that history gives somewhat more reason to hope will come; but we have to recognize that the erosion of the past three or four years has already cut deeply into our capabilities. The changed nature of the world economy and of this country's position in it, the dramatic shift in less than a generation from our role as the world's prime creditor to being the leading debtor nation, the condition of indebtedness not only of the federal government but of most governments and of businesses and individuals as well, our seeming inability politically to cut through controversy and take decisive action—these and other problems challenge any

assumption that to pursue the **status quo** is a reasonable course of action.

3. We are left, the New York Commission argues, with the challenge to restructure the way in which higher education is supported and in which it is delivered. Educational **quality** and educational **opportunity** have long been the goals motivating our best efforts in higher education. The Commission argues that **cost effectiveness** must be a third and equal goal, that cost effectiveness must be a yardstick applied to every assessment of present activity and every proposal for new departures; that cost effectiveness must be of as much concern to every member of faculty and staff as to institutional executive leadership. The point is not that cost effectiveness is an end in itself; the point is that quality and accessibility are impossible without it.

A front page story in the *Wall Street Journal* heralded steps being taken by hospitals and other health care providers to restructure in order to reduce costs. "Teams of doctors, nurses, administrators, and even engineers are challenging every step involved in treating conditions ranging from heart disease to urinary tract infections," the story said, to eliminate steps that add costs without improving results. In the story, the CEO of the Henry Ford Health System points out that the Ford Motor Company took billions out of its operating budget because they adopted quality principles and changed their operating culture. He concludes: "We have to change the way we practice medicine." Reform in the health care industry? Apparently so. God help us if higher education displaces the health care industry as the country's prime example of a high-cost system that is out of control.

Further, the New York Commission said, higher education institutions need to shift from the mindset of always having our own—our own courses, our own faculty expertise in every realm of the field, our own esoteric equipment—to one of finding alternatives that involve sharing and that are feasible and financially advantageous. Sharing must start within the smallest academic and administrative units and extend across the campus and throughout a system, a state, a region.

Finally, the Commission argued that no one participant in and beneficiary of higher education can possibly solve the financial problems of higher education, and that **all** will need to contribute: governments, which need to invest at a level that, together with the investments of others, will maintain the asset and assure that its returns to society will continue; the business community; families and students; the colleges and universities themselves by undertaking a critical review of current programs and methods and inventing new, more cost effective approaches.

The advice from the New York Commission is conceptual rather than specific and directive. I do not think that any institution wants anybody other than itself to tell it exactly what to do and how to do it. (Parenthetically, Frank Newman, when president of the University of Rhode Island, coined what he called a "Golden Rule for institutions: You'd better do to yourself what you don't want others to do to you.")

The advice of the New York Commission, however conceptual and however difficult to act upon, seems to me to point in the direction that can lead us out of the swamp that threatens to entrap and consume higher education as tradition has given it to us ■

Financing Optometric Education

Clinical Income in an Era of Health Care Reform

Alden N. Haffner, O.D., Ph.D.

While it is not well documented with any degree of specificity, the revenues produced by the clinics of the schools and colleges of optometry traditionally have been used to offset the costs of their operations. In some instances, particularly during the earlier part of the century, the clinics actually produced income to help carry the institutional costs.

But as everyone knows, or should know, the price of a quality driven clinical education program is not inexpensive. Moreover, the costs of operations of a sound, balanced and responsive community oriented clinical institution have escalated dramatically since the mid-1960s with the emergence of Medicaid, Medicare and other complex technical aspects of operations incidental to third party reimbursement.

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Obviously, the metamorphosis of optometry during the last two decades has been extraordinarily burdensome to the schools and colleges of optometry as they broadened available clinical services. There was an accompanying need for more space, for more extensive complex instrumentation and for added professional and technical personnel resources. And it was clear that the expansion of the scope of professional responsibility of the practicing optometrists required a significant increase in the volume of clinic patients in order to achieve a diversity of patient problems, diseases and disabilities — in effect, sufficient clinical material in order to have a reasonable clinical teaching program.

This enormously complex task required a significant infusion of incremental resources. The task is not at all complete primarily for three reasons. The first is that the needed incremental resources have not been available, thus necessitating a much slower institutional process of internal budgetary reallocation. The second reason, somewhat more difficult to assess, has been the limited ability of the clinics to grow and to mature in terms of the patient volume, and particularly in the areas of ocular pathology and its subspecialty classifications. This has led to the third reason. It is, by necessity, the development and integration of community based institutional clinical teaching sites notably, but not limited to, the medical centers of the Department of Veterans Affairs.

Institutional Affiliations

Clearly, the above three reasons, each of them of critical importance, should have and deserve more detailed discussion. But there is another development that is taking place that merits some mention and discussion. It is that the numbers and types of institutional affiliations, essentially for clinical teaching purposes, decidedly are growing. These affiliations may be regarded as primary or secondary depending upon the extent of involvement in the establishment of standards, the selection of professional personnel and the degree of oversight and supervision. It is important to note that resources have been spent, and more will continue to be spent, in order to accomplish a smoother integration and congruency with the central clinic. This is an issue that will escalate in importance as clinical accreditation standards of the Council on Optometric Education are examined in greater detail. Moreover, other accrediting agencies may develop for clinical optometric institutions. None the least of these is the Joint Commission on Accreditation of Healthcare Organization (JCAHO) if an optometry peer mechanism is developed.

The development of residency education, as a modus for advanced, structured clinical training following the O.D. degree, traces its origins in optometry back some 25 years. But, assuredly, residency education has come into more prominence with the infusion of major resources during the last decade by the Department of Veterans Affairs. But while residency education has significantly advanced, the institutional costs to the schools and colleges of optometry have likewise become greater in terms of integration of the programs and their academic supervision.

The addition of faculty clinical practice plans has been developed in a few institutions, but it is much too early to assess the extent to which these entities, which are fairly far advanced in medicine and, to a lesser extent, in dentistry, will afford an important added financial base for the schools and colleges of optometry.

But the delivery of clinical care in optometry, as in all health care services, is about to undergo a radical change. Indeed, even without the adoption of President Clinton's Health Security Plan or some Congressional substitute, the market place is stirring as are many of the states. Under the rubric of health care reform, an entirely new era of health services and delivery is well under way. The very foundation of our financial structure of "fee for service" is being seriously eroded, if not destroyed. It is being replaced by capitation rates, by negotiated fee levels, by global fees, and by other mechanisms, all in the name of cost restraint. And health care delivery, with some balance between cost and quality, will be acceptable for inclusion on a delivery panel or in a practitioner network as part of an accountable health plan.

The emphasis upon cost represents a new and very serious challenge to the clinics of the schools and colleges of optometry. Teaching clinics hardly have the same structure or behavior as private entrepreneurial practices. While they can compete on quality concerns, they are at considerable risk in all of the health professions of being "shut out" of the networks and panels because it is difficult to compete on costs. The serious consequences that may ensue are the erosion of the patient base and the loss of institutional income. I cannot stress strongly enough my considerable apprehension about the potential serious damage to the ability of the clinics to discharge their absolutely essential clinical teaching function. They must become more cost effective, more efficient, more community related and more integrated into organized networks that are part of accountable health plans as determined by the area health alliances. This may, indeed, necessitate the reallocation of the costs of the instructional component in the clinics back to the college costs.

SUNY Experience

After more than a year of serious and fairly intensive study and considerable external consultation, the State College of Optometry at the State University of New York decided on a plan of action which is now being rather vigorously pursued. Our goals at the University Optometric Center are three-fold. First, we must protect the patient base of the clinic and, by all means, expand it. Second, we must protect the patient base of the clinical practice plan and expand it. And, third, we must remember that we are part of a larger profession and reach out again to help — and to lead.

Structurally and functionally in the University Optometric Center, we are forming a managed care division for primary eye care delivery. As many efficiencies as we can muster will be undertaken without disturbance to existing state labor contracts or to quality standards. We are moving rather rapidly in the above regard.

At the same time, and with the concurrence of the SUNY Central Administration, special counsel has been retained for the purpose of creating an external corporate entity. This corporation, initially operating in the states of New York, Connecticut and New Jersey, will form a series of panels of optometrists and ophthalmologists for all regions of the three states. The ratio of O.D.'s to M.D.'s will be seven or eight to one with the optometrist taking responsibility for all of the primary care and that portion of the secondary care for which they can be appropriately credentialed. And the ophthalmologists will serve the remaining secondary and tertiary care for which they can be appropriately credentialed. The University Optometric Center and the Clinical Practice Plan will be part of the panels serving the metropolitan area of New York City.

The external corporation will assume all financial risks. It will sell the services of the practitioners on the panels to HMO's, the insurance carriers, to accountable health plans, etc., in order to deliver cost-effective and quality professional services consistent with the eye benefits package as federally determined and/or as negotiated. Thus, eye care, delivered seamlessly from primary through tertiary levels, will be managed by the primary care provider, the O.D.

Now, what is the role of the SUNY College of Optometry? It is a critically important one. The external corporation will become affiliated with the College by formal contract. SUNY will provide to the external corporation all credentialling services (for both O.D.'s and M.D.'s), management information systems, quality assurance assessment, utilization management and studies, patient satisfaction surveys and a variety of other technical and professional services for which we have capabilities. In effect, the corporate entity will be given the imprimatur of SUNY by virtue of the contracted services.

The name of our corporate entity is **Eye Trust, America, Inc.** Given our three stated goals, we believe we have devised an interesting and challenging approach. It is an exciting innovative mission for SUNY.

We're entering a new era in health care delivery. The optometric educational enterprise must exercise extraordinary efforts to protect its patient base in order to fulfill its clinical instructional mission. And the clinics of the schools and colleges of optometry must become part of health care reform. Our past structures may not be quite germane for America's emerging health care system. Our task is awesome. But I have confidence in our intelligence, our collective wisdom, and above all, our willful determination devotedly to serve the public and our profession. ■

ABSTRACTS

Faculty Development in the Health Professions: Conclusions and Recommendations

Faculty Development in the Health Professions: Conclusions and Recommendations. Hitchcock MA, Stritter FT, Bland CJ. Medical Teacher 14(4), 1993.

Faculty development is essential to institutional vitality. As pointed out by the authors, it is an investment in human capital for the sake of an improvement in the institution. In this review article, the authors discuss the evolution of the concept of faculty development. Originally it was defined as improvement in teaching. Nowadays, it includes advancement in the research, administrative, and clinical skills. More recently, faculty development has been approached as an issue of academic vitality that transcends the individual. It must be addressed within the institution by adopting new mission and goals, liberal personnel policies, and developing research and inter-institutional centers. Within the department, curricular reform and practical support for faculty are appropriate development activities. At the individual level, workshops, awards, faculty exchange, peer consultation and retraining promote faculty development.

Among the most frequently mentioned strategies for faculty development are fellowships and faculty evaluation.

The authors recommend the development of a program for faculty development, the use of experts, the input of faculty members in planning the programs, and the appointment of effective leaders. They also recommend the establishment of a faculty evaluation program as a starting point for institutions without a formal faculty development program.

In medicine, the Department for Health and Human Services has funded the establishment of comprehensive faculty development programs predominately to develop primary care faculty. With the new federal administration emphasis on primary care, we will see a new impetus for similar programs.

What is the lesson for optometry? Each one of our colleges and schools of optometry must establish active institutional faculty development programs. Funds, physical resources, and personnel must be allocated to the program to insure its success. As a group, ASCO must face the challenge by creating innovative inter-institutional programs such as faculty exchange, cooperative research agreements, and establishment of regional centers for development of optometric educators. This review article is certainly required reading for the educational leaders willing to accept this challenge.

Reviewer: Dr. Hector C. Santiago
Inter-American University of Puerto Rico
School of Optometry

Time Involvement in Journal Reading and a Suggested Facilitation

Time Involvement in Journal Reading and a Suggested Facilitation. I.W.M. Jeffrey. Medical Teacher 14(4), 1992.

Are you an "Academic Teacher"? If so, this paper suggests that you are devoting approximately one week (39.04 hours) per month reading and taking notes on 79 published journal articles. These data represent a serious time commitment and the author suggests that the nearest professional school (dental in this example) has the means of providing some relief.

It is a generally accepted procedure for the optometric practitioner to make every effort "... to keep his or her professional knowledge in line with contemporary thought and technical development." There are a number of options that optometrists have available to satisfy their quest for continuing education — including seminars, study groups, audio/video productions, and numerous professional journals or texts. While many professional people feel that the best way to keep current is through the revue of books and journals, there are several limitations to this method of learning that are discussed.

In addition, the volume of technical literature has grown geometrically in the past 40 years. These factors impose an expanding burden on practitioners to keep pace, and selectively screen the most appropriate literature.

The author attempts to quantify the reading strategy necessary for a general practitioner and an academician to estimate the amount of time "reasonably expected" to increase their knowledge by reading recently published literature. Eleven dentists (8 practitioners and 3 academic teachers) — an admittedly small sample — were asked to review a recent edition of "Current Titles in Dentistry" and select the articles that they would "choose to read, given freedom and time to do so." The general practitioners chose journal articles whose page number averaged 492.5, and the average for the three academic teachers was 649.3 pages. These page volumes translated to approximately 25 and 39 hours of total time involvement per individual per month.

The solution suggested to remedy this dilemma is for the professional schools to organize a course of "... broadly based resume" of recent articles relevant to all the dental (professional) specialties ..." These courses would be presented by the professional school staff selected from each subspecialty department.

The concepts presented in this paper are based more on inference than experimental design, and the implementation of such a course by professional institutions would be very difficult. Further, the explosive emergence of new technology may make this concept obsolete. Hypermedia, telecommunications, satellite communications and the ready access to volumes of current literature in an entertaining format is much more palatable to individuals with eroding attention spans and emphasis in education is placed on finding "specific points" rather than appreciation of the more global "big picture." The concept of study groups directed by academicians may soon be relegated to Jurassic Park with the rest of the dinosaurs.

Reviewer: Dr. William Monaco
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College of Optometry

Three Views on Faculty Tenure in Medical Schools.
Jones RF. Acad. Med. 68(8), 1993.

Of 126 accredited medical schools in the United States, seven do not award any tenure and an additional seven award tenure only to basic science faculty. At least one of the seventeen colleges of optometry does not award tenure, and periodically many institutions of higher education reexamine their thinking about this area. Medical schools (both private and public) are particularly concerned since financial constraints often require "downsizing" of faculty. In addition, federal law will soon prohibit age-based mandatory retirement rules for tenured faculty. In a recent forum, three distinguished academicians shared their thoughts on tenure and its future in academic medicine.

Paul J. Friedman, UC San Diego School of Medicine:

Tenure is a contract between the institution and individual and today represents an unlimited guarantee of employment at whatever level the institution has agreed to support the faculty member, until the faculty member chooses to leave. This is necessary for the academic freedom and financial security of the faculty member, especially if she/he is to take chances academically, to explore new areas of study, even though the effort may not be immediately fruitful. Friedman is supportive of tenure and describes what he considers a fundamental process of pretenure probationary period and a post-tenure academic review. He also questions if clinical faculty need be on a tenure track and notes that, although there are alternatives to tenure (renewable term contracts), that none of these techniques have proven better than tenure, or even as good. He points to the interesting fact that the advancing age of faculty is not necessarily a problem, since his studies show that a decline in faculty members' performance often occurs when she/he is in their mid-50's, and that faculty who were most productive tend to be those who delay retirement. He also supports more effort to use emeritus faculty.

Gail H. Cassell, UAB School of Medicine

Her commentary can be summarized by starting with the proposition that "tenure in medical school is unnecessary and that if anything, it tends to promote mediocrity." After a detailed review of the literature, she concludes, "Available data simply do not support abandoning the tenure system." As Cassell points out: 1) There is no evidence to support a link between tenure and a decline in research publication; and 2) teaching and service seem also to be unaffected by tenure status. However, she believes that we need better criteria for awarding tenure and that evaluating faculty with respect to teaching is where most institutions are the weakest.

Richard A. Cooper, Medical College of Wisconsin

Dr. Cooper, a dean, concludes that "tenure may not be a positive force in the academic culture." If tenure ensures freedom of expression for faculty, Cooper claims that this underestimates the importance of this same value for the non-tenured. Academic freedom must exist for all. If tenure protects faculty against arbitrary and capricious acts, existing laws do that as well, and protect all faculty. Tenure is a form of recognition, but there are many other ways to recognize faculty. But the real issues are long-term stability and financial security for faculty, and Cooper's point is that there are other ways than tenure to provide these. Diversity and creativity are also important aspects of the educational activity and institutions are changing and budget realities must also be faced. Some interesting comments are made on a faculty member's financial life cycle, i.e., the increasing costs of recruitment, support costs for beginning faculty members, and the decreasing external funding for health professional programs. But Cooper recognizes that before we end tenure, a new system needs to be in place.

Most of the participants agreed that doing away with tenure would jeopardize the delicate balance that exists in most institutions between various faculty. They agreed that faculty with tenure are only a small portion of the faculty and depending on them to sustain the life of the institution puts a disproportionate burden on them.

Reviewer: Lester C. Janoff, O.D., M.S. Ed.
Nova Southeastern University
College of Optometry

FUTURE MEETINGS

ASCO Fall Committee Meetings — October 28, 1994. Pacific University, College of Optometry, Forest Grove, Oregon. Contact: Rebecca M. Defibaugh (301) 231-5944.

ASCO Fall Executive Committee Meeting — October 28, 1994. Pacific University, College of Optometry, Forest Grove, Oregon. Contact: Martin A. Wall (301) 231-5944.

ASCO Fall Board of Directors Meeting — October 29, 1994. Pacific University, College of Optometry, Forest Grove, Oregon. Contact: Martin A. Wall (301) 231-5944.

ASCO

Association of Schools and Colleges of Optometry

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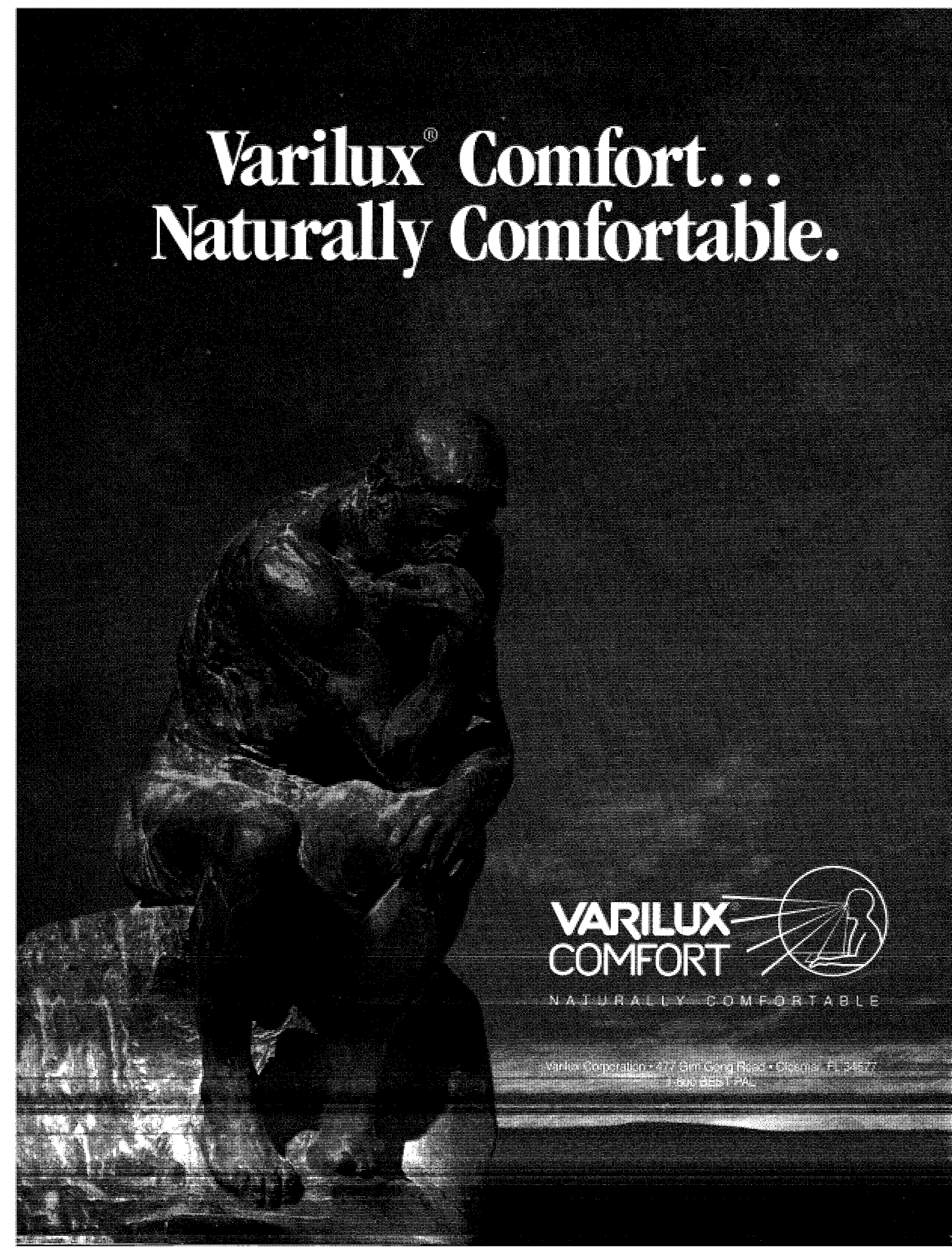

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