

The Dean A.



McGee Eye Institute

Vision Care



Research



Education



Community

Winter, 1999

President's Perspective

eYE CARE: YOU, YOUR DOCTOR, AND THE INTERNET

Americans surf the internet for information about health, disease, and health care more than about any other subject – except pornography. And health care is gaining fast. You can go to drkoop.com, webmd.com, aolhealth.aol, onhealth.com, discoveryhealth.com, myHealthsource.com (Healthon), IDX.com, and countless other “dot.com’s”. By 2001 it is estimated that 30 million Americans will seek health information on the web.

That shouldn't be all too surprising. The internet is all about immediate, on-demand access to continually updated information. The medical literature is changing so rapidly and in such a complex fashion that consumer health encyclopedias are not completely accurate by the date of their publication. Magazines and television cannot be “searched” for requested information. The internet provides the public with the opportunity to simply browse topics of casual interest or to focus a detailed search on a subject of intense personal concern.

The internet has also become an irreplaceable resource for physicians as well. They can perform complex cross-referenced searches of the current medical literature or obtain current information on drug interactions. Physicians can examine patients, X-rays, ultrasounds, EKG's, and similar images in realtime and render telemedical consultations. They can even watch live microsurgery occurring thousands of miles away, questioning the surgeon as he operates. Physicians can enter patient information in a coded, security-encrypted web site to

facilitate comparison of experimental clinical trials data. The internet can be used as a tool to transmit information between physician offices, between the hospital and the office and between the physician and managed care organizations.

Use of the internet by physicians and patients is fundamentally altering the nature of many patient-physician interactions. This has profound implications for the practice of medicine.

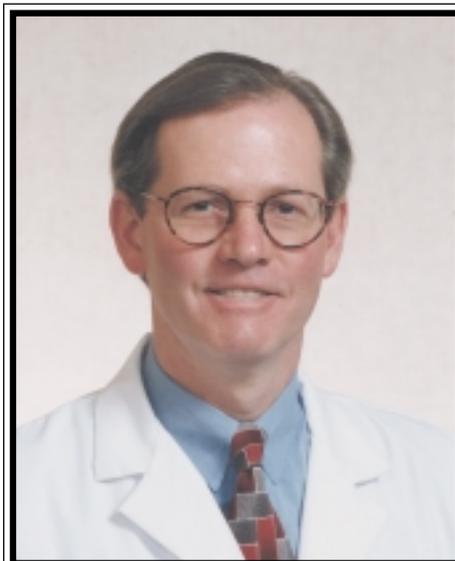
Among other things, the internet provides a mechanism for the patient to learn about a disease and subsequently have a more meaningful, detailed conversation with the physician. Having already developed some familiarity with basic terminology and the lexicon of a disease, the patient can ask pertinent questions of the physician. The physician, in turn, can

be a better resource to the patient, providing information focused to the patient's concerns and issues.

One of the biggest problems in this regard, however, is content validation. Suppose that you want to learn something about new treatments for macular degeneration. You log onto the internet and find a site advocating a new drug. It could be a support group site, a physician's office, a pharmaceutical company, a business in Brazil, or a general health-related site. How do you know if the information is meaningful and accurate?

This has become a subject of major concern to many physicians. In searching the internet my patients have unearthed sites

David W. Parke II, M.D. is President and CEO of the McGee Eye Institute. He also is Edward L. Gaylord Professor and Chairman of the Department of Ophthalmology at the University of Oklahoma College of Medicine.



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NEW PEDIATRIC CLINICAL TRIALS AND THE KEEN TRUST

Dr. Michael Siatkowski was recruited from the Bascom Palmer Eye Institute to join the Dean McGee Eye Institute in August 1999 as its new Director of Pediatric Ophthalmology. DMEI was excited to add him to its staff in part because of his keen interest in clinical research – in being able to offer exciting new diagnostic and treatment options to the Institute’s patients and contributing to the science of ophthalmology.

Dr. Siatkowski has wasted no time, with several new studies anticipated to begin within the next several months. The first of these will probably be the evaluation of a new medication formulated to help retard the development of myopia (nearsightedness). Preliminary studies have demonstrated the ophthalmic gel to reduce the progression of myopia and its complications.

In the general Western population, 20 to 25 percent are nearsighted. Among those of Asian descent, that figure rises to between 40 and 70 percent, said Dr. Siatkowski. “Even if both parents have no need for glasses, 8 to 10 percent of their children are myopic,” Siatkowski noted. “When one parent is nearsighted, this frequency increases to 25 to 30 percent, and when both parents are myopic, there is a 45 to 50 percent chance that their children will be as well. Thus, myopia constitutes an important reason for ophthalmologic consultations in children. There is currently no well-accepted method to prevent or slow the development of myopia.” Why is myopia such a problem? Patients with myopia not only have the problems associated with glasses or contact lenses, but they are also at statistically increased risk for retinal tears and detachment. Extremely myopic eyes are also at increased risk for degeneration of the

central vision area (the macula) at a young age.

While there is no widely accepted method to prevent or slow the development of myopia, the

DMEI study is designed to test the effectiveness of pirenzepine, a gel compound that in preliminary tests has slowed the development of myopia. It appears to avoid side effects (such as glare, large pupils, and decreased vision) associated with other pharmacologic treatments. The compound has been in use orally in Europe for nearly two decades.



Dr. Siatkowski at the slit lamp makes a new friend.

Those who do take part in the trial will receive free medication, routine eye exams and specialized vision exams, including ultrasound, to measure visual acuity and changes in their myopia. For more information about the trial, please call (405) 271- 6307.

The study will be conducted in the new pediatric examination suites recently completed with generous support from the Keen Charitable Trust. Recognizing the importance of state-of-the-art pediatric eye care for Oklahoma’s children, the Trust has partnered with DMEI in the renovation of its pediatric ophthalmology examination facilities to make them more child friendly. The rooms are oversized and have DVD movie projections to hold the attention of young children during examinations. They include specialized lighting and technology to make them ideal not only for routine examinations but also for sophisticated clinical trials use. New equipment has been purchased to facilitate the evaluation of infants both in DMEI and in the Oklahoma Health Center’s neonatal nurseries. Thousands of Oklahoma’s youngest citizens will benefit from the Keen Trust’s special gift.



LEGACY OF SIGHT

WHY SHOULD I SUPPORT THE DEAN MCGEE EYE INSTITUTE FOUNDATION WITH A CURRENT GIFT OR THROUGH A PROVISION IN MY WILL?

Sometimes questions provide answers ...

- How many Oklahomans do you know who have gone out-of-state for other types of highly specialized medical services?
- Did you know that thousands of out-of-state patients choose to come to the Dean McGee Eye Institute each year for medical and surgical eye care?
- Did you know that the Dean McGee Eye Institute cares for all patients regardless of their ability to pay?
- Did you know that in 1998 the Dean McGee Eye Institute provided over \$1,000,000 of uncompensated vision care to Americans who have no private insurance and do not qualify for federal or state government assistance?
- Did you know that the Dean McGee Eye Institute physicians and basic scientists conduct an active program of research seeking new treatments and cures for many of the most common blinding eye diseases?
- Did you know that the Dean McGee Eye Institute spends over \$3,000,000 annually on vision research funded entirely from private gifts and grants from the National Institutes of Health and private foundations?

Over the past 24 years, hundreds of thousands of patients from all over the United States and numerous foreign countries have entrusted the Dean McGee Eye Institute with their vision care. They have come to the Institute because of its reputation for excellence.

The good works of the Institute have been made possible by the past generosity of literally thousands of our grateful patients and friends. They proudly believe that providing the highest quality vision care

for everyone regardless of their ability to pay, and having internationally acclaimed vision research programs right here in Oklahoma are important and deserving of their support.

Without this past support, the Dean McGee Eye Institute would not have developed into a nationally recognized vision center. Similarly, the continuance of this proud tradition of excellence is dependent on the generosity of those who believe that the Dean McGee Eye Institute is a special asset to the state and region and is worthy of their financial support.

All gifts are tax deductible and their expenditure may be restricted according to the donor's wishes. We welcome inquiries from prospective donors, their attorneys, or financial advisors.

For information, please call:

Richard R. Linn, Jr.
Vice President for Development
Dean McGee Eye Institute Foundation
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The Dean McGee Eye Institute

DMEI FACULTY PROFILE:

DARRELL J. PICKARD, M.D.

A strong interest in science and observing firsthand the struggles of his visually-impaired grandfather were two of the chief factors which led Dr. Darrell J. Pickard to his current career in ophthalmology as a physician at the Dean McGee Eye Institute's (DMEI) Midwest City Clinic. Dr. Pickard joined Dr. Randall R.



Darrell J. Pickard, M.D.

Robinson's practice in July 1, 1993. On May 1, 1995 this practice became a part of the Institute. There he maintains a general ophthalmic practice, with a special interest in lens implants to treat cataracts and the newer PRK and LASIK eye surgeries to treat myopia. In addition to his DMEI duties, Dr. Pickard serves as a Clinical Instructor of Ophthalmology for the University of Oklahoma Department of Ophthalmology, helping to train medical students, interns and residents. He earned his M.D. degree from OU's College of Medicine, and completed his residency at the University of Texas Health Sciences Center in San Antonio.

Pickard says a terrific staff at the Midwest City Clinic makes it a pleasure to go to work. "The

greatest challenge" has been to maintain a high degree of care and service to patients in an ever-changing, complex environment of health insurance, HMOs and shifting government regulations.

"I was attracted to medicine by my love of the sciences and a fascination with the human body," he said. "Ophthalmology specifically attracted me because of the rapid changes in technology, the chance to work with a broad age spectrum of patients, infants to the elderly, and also because of my interaction with my grandfather, who struggled with vision impairment from cataracts, glaucoma and age-related macular degeneration."

Pickard's dedication to his patients is more than equaled by his devotion to his own family, including wife Gaylia, and sons Bryden, 9; Bryce, 5; and Braxton, 2. His off-duty hours are filled with family activities, such as coaching soccer, attending his sons' sporting events, and chaperoning the entire group on fishing trips with friends.

"In addition to being an outstanding ophthalmologist, Darrell is simply a wonderful person," commented Dr. Parke. "He has a supportive, compassionate attitude about him which is felt by staff and patients alike. He takes his responsibility as a physician very personally. American medicine would be well served by more like him." ▲

1999 ANNUAL APPEAL:

Macular degeneration is the most common cause of severe visual loss in Americans over age 50. This year thousands of Oklahoma's seniors will permanently lose the ability to read, watch TV, and see their grandchildren's faces. They may be unable to drive, and a tragic few will lose enough vision to require moving out of their homes to assisted living facilities.

Ophthalmologists have historically been unable to treat this disease very adequately. Only about 10% of eyes could be treated with laser, and in many cases results were less than ideal.

Since 1998 the Dean McGee Eye Institute has been participating in clinical trials of several new medication-laser combinations for macular

degeneration. One in particular has already been proven effective, and we hope it will be approved by the FDA in early 2000. This now offers hope to hundreds of thousands of Americans annually. The McGee Eye Institute was a part of this clinical research.

Use of this new treatment will involve the purchase of a new laser, medication infusion equipment, and renovation of a laser suite to accommodate the special needs of this technology. We ask your support to help us better serve these patients at risk for potentially blinding disease. The equipment alone will be about \$40,000. Laser suite renovation will be another \$5,000.

Our patients now have a chance. Help us to help them. Thank you.



Perspective, continued from page 1

advocating nutritional supplements, magnets, radiation, eye exercises, plasmaphoresis (“washing” of the blood plasma), and electrical stimulation of the muscles of the face. They have found eye drops, medical and surgical procedures undergoing careful, approved trials, and even unusual surgical procedures which have never made the U.S. medical literature. How can the intelligent layman separate fact or legitimate study from quackery or uninvestigated hypothesis?

The patient has only two options. First, he or she can go to trusted sites which carefully scrutinize the content of material they offer up on the web. Typical examples would be the National Institutes of Health, American Academy of Ophthalmology, or major medical schools and nationally recognized research centers. Second, the patient can go to a trusted physician for advice. If you are interested in having your physician comment on information gleaned from a web site, I’d recommend bringing a downloaded hard copy of the material or at least the web address. That way, if your physician is not familiar with the material, he or she can review it and comment on the content.

Sometimes, an intelligent patient with an uncommon disease who makes good use of web resources may know more about certain facets of the disease than his doctor. This is particularly true regarding new genetic findings, research trials, or rehabilitation resources. Some doctors in some circumstances may find this annoying or threatening. Employed appropriately, however, this knowledge can enhance care and the physician-patient relationship. Most physicians would agree that the quality of care goes up when patients assume an active role in the management of their own health and disease.

Disease education is only the tip of the iceberg for the internet and health care. Internet sites will rate physicians, hospitals, insurance companies, and managed care plans. Again, content validation will be critical. Who is doing the rating? How was the rating determined? What biases do the raters have?

The internet is and will be increasingly used to market physician practices. The public must recognize the difference between marketing hype and scientific fact. Unfortunately, some people have a tendency to assume that “if it’s on the web, it must be true”.

The internet is transforming the way physicians interact with health care payors. The tremendously complex problem of eligibility determination,

precertification, authorization, claim submission, claim review, and payment will become increasingly digitized over the web. Security issues are critical in this process. As the growth of e-commerce attests, this is solvable.

Finally, paper medical records will eventually become a thing of the past. Digitized records in a standard format along with X-rays, photographs, etc. will be transmitted from office to office over the web in a secure fashion with predictable improvements in quality of care. The patient will also be able to access his or her own records in the same fashion. By “eventually” I do not mean twenty years from now. Systems already exist. The Dean McGee Eye Institute has been partnering with a major software corporation, testing such a system for almost three years now. My prediction is that within two years most of the Institute’s records will be converted to digital format.

Intel Chair Andrew Grove set the tone at the first Internet Health Day in 1998 when he said that doctors “can either participate in this revolution or be outsiders and bystanders to it”. I agree. The same is true for patients. If you have internet access, you can choose to use it to help become better informed and to get more from the physician-patient interaction than you might otherwise.

We at the Dean McGee Eye Institute encourage this and utilize the internet ourselves for a number of different professional purposes. Ophthalmologists use it to search the medical literature, to interact with our professional societies and to respond to questions from our patients and other physicians. We use secure communications to consult with each other at our various locations regarding patient care. It is an invaluable tool in medical research.

Beginning in January 2000 the Institute will have a new, redesigned web site at “www.dmei.org”. In addition to providing information on the Institute itself, we will gradually populate the site with carefully scrutinized medical information for our patients and our community. Dmei.org will have links to other valuable sites pertaining to eye health and eye care. There will also be a mechanism for patients to communicate with us on a variety of issues. Happy web surfing!

On behalf of all of us at the Dean McGee Eye Institute, I wish you and your families a wonderful holiday season and a new year filled with happiness, peace, and good health. 



EYE INSTITUTE RECEIVES NATIONAL GRANTS

NATIONAL INSTITUTES OF HEALTH

The National Eye Institute (NEI) has awarded the Dean A. McGee Eye Institute (DMEI) a five-year, \$1.9 million core grant (P-30) to advance multidisciplinary vision research at the University of Oklahoma Health Sciences Center. DMEI houses the OUHSC Department of Ophthalmology, and its staff doubles as faculty for the Department of Ophthalmology, as well as participates in other OU College of Medicine departmental activities.

Receipt of the grant establishes DMEI as one of only 35 core vision research centers in the United States. Core funding is customarily used to pay for shared services, equipment and other resources to enhance research efforts of a group of investigators. Vision research institutions are generally not even considered competitive for such grants until they have a critical mass of NEI grants. At DMEI the grant will be used by a group of OU faculty members in cell biology, ophthalmology, microbiology, virology, biochemistry, and molecular biology. Four modules will be established, dedicated to basic and clinical vision research, including imaging technology, instrumentation, animal resources and an analytical biochemistry laboratory.

The grant is “a real coup for us and for all of Oklahoma,” said Dr. David W. Parke II, President of DMEI and the Chairman of the OU Department of Ophthalmology. “This is the first time in the University of Oklahoma’s history that the National Institutes of Health have bestowed Core Grant status on any group of medical researchers in any field. It sends a signal to the rest of the national vision community that Oklahoma has arrived in its vision research efforts.”

FOUNDATION FIGHTING BLINDNESS

The Foundation Fighting Blindness (FFB), a prominent national vision research foundation, recently awarded the Dean McGee Eye Institute

prestigious “Center” status, along with a more than \$2 million grant. The five-year award will create the Southwest Regional Research Center for the Study of Retinal Degenerations.



Wei Cao, PhD was delighted to receive a research grant award from members of the Oklahoma chapter of the Knights Templar Foundation. The Knights Templar Foundation makes available competitive grants to young, promising vision researchers throughout the United States.

The grant will support research into the causes and treatment of macular degeneration, the leading cause of blindness in Americans over 50, as well as other degenerative diseases such as retinitis pigmentosa. The center will consist of collaborating research groups from DMEI, the University of Oklahoma Department of Ophthalmology (located at DMEI), the Retina Foundation of the Southwest in Dallas, the University of Texas’ Human Genetics Center (Houston), and UT’s medical center campus (Dallas). Robert E. Anderson Ph.D., M.D., DMEI Director of Research and Dean A. McGee Professor of Ophthalmology, will serve as center director.

In addition to administering the multi-institutional Center, FFB funds will help support the research of several DMEI and Department of Ophthalmology scientists, including Dr. Anderson.

“This generous grant from FFB recognizes not only the quality of our science, but also our ability to coordinate the efforts of investigators on multiple different campuses,” said Dr. Parke.





The Oklahoma Eye Foundation held its annual meeting on October 4 in conjunction with the Walter J. Stark Memorial Lectureship. Foundation activities led in part to the establishment of the Dean McGee Eye Institute. Foundation Board members present at the meeting included: (from left to right) Stanton L. Young (Chair), John Bozalis, Fred Zahn, John Houchin (past Chair), Pat Wilkinson, Walter Stark, Jr., David Rainbolt, Elizabeth Zoernig-Milam, G.T. Blankenship, Linda Lambert, Richard Clay, Jeanne Hoffman-Smith, Clyde Ingle, David Parke, Nancy Ellis, Matt Bown, and Tom Acers.



The Seventh Annual Walter J. Stark Memorial Lectureship was delivered by Morton F. Goldberg, M.D. Dr. Goldberg is the Director of the Wilmer Ophthalmological Institute at the Johns Hopkins University School of Medicine. Dr. Goldberg and his wife Myrna are flanked by members of the Stark family, Dr. Parke, and Stanton L. Young, Chairman of the Oklahoma Eye Foundation Board of Trustees.

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Starting in January 2000 visit our website at www.dmei.org.

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