

The Foundation of the American Academy of Ophthalmology  
Museum of Vision & Ophthalmic Heritage

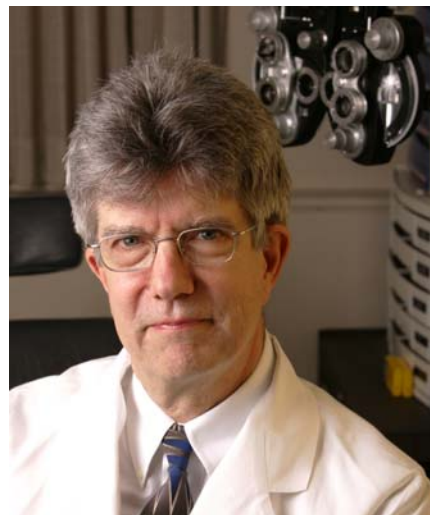
**Conversation Between Richard P. Mills, MD and B. Thomas Hutchinson, MD**  
In Partnership with StoryCorps, San Francisco CA, October 24, 2009

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Drs. Richard P. Mills and B. Thomas Hutchinson recorded this conversation on October 24, 2009 during the Annual Meeting of the American Academy of Ophthalmology, in San Francisco CA.

Dr. Mills is from Seattle and Dr. Hutchinson is from Boston, both are glaucoma specialists.

**You are invited now to listen to an excerpt and read the complete transcript below.**



**In this excerpt**, Drs. Mills and Hutchinson talk about their work to create the National Eye Care Project, later renamed **EyeCare America**. This one-of-a-kind program works to preserve sight through public service and education with the help of volunteer ophthalmologists.

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DR. RICHARD MILLS: I'm Dr. Richard P. Mills and I'm 66 years of age. This is October 24, 2009, and Dr. Hutchinson and I are here together in San Francisco. We've known each other and worked on public service activities for the Academy for almost 30 years.

DR. B. THOMAS HUTCHINSON: I'm Thomas Hutchinson. I'm 75 years old. Today's date is October 24, 2009 and, as Dr. Mills has noted, we're here in San Francisco having the privilege of recording an oral history for the American Academy of Ophthalmology.

We've been colleagues over the past 30 years, and I'm sure we'll get into to the context of a program that we've both been very involved with and are very proud of.

DR. MILLS: Right. And we're both ophthalmologists and, interestingly enough, both glaucoma specialists, though that wasn't a prerequisite for our getting into these activities together.

Well, let me start off, Tom. You're a West Virginia boy, aren't you?

DR. HUTCHINSON: I grew up in central West Virginia, a little town called Sutton. I went to West Virginia University, then on to Harvard Medical School. After that, an internship in Pennsylvania Hospital in Philadelphia. That was the nation's first hospital. That was a privilege to be there.

DR. MILLS: Were there a lot of your classmates from West Virginia at Harvard?

DR. HUTCHINSON: No, there weren't. No, we didn't have too many West Virginians either at Harvard or at Pennsylvania Hospital as my classmates were from throughout the country; I think there were probably not enough people from the small rural states!

DR. MILLS: Well, I think that's probably true. Were you an only child?

DR. HUTCHINSON: I was an only child.

DR. MILLS: That's interesting too. That's my situation as well.

DR. HUTCHINSON: Going on forward after the internship, I was two years in the Public Health Service, a very exciting time! I was in charge of a clinic in Buffalo, New York and after some sea experiences that made the front page of *The New York Times* a couple of times I figured that it was time for me to get out of the Public Health Service and never sail again. I've done that!

DR. MILLS: Well, interestingly enough, my background includes the Public Health Service, as well, but I never set foot on a boat. I took care of a lot of Coast Guardsman, but no actual sailing.

DR. HUTCHINSON: So where did you start out?

DR. MILLS: Well, I was born in Evanston, Illinois. My dad was a professor at Northwestern University, interestingly enough, in Argumentation and Debate. And so I was the first person from either side of our family to have any kind of interest in science or medicine. As I mentioned, I am an only child, and so following high school in a Chicago suburb, I went off to Yale, where I spent eight years as an undergraduate and then as a medical student. And following that, came out to the West Coast where I've been pretty much ever since. I did my so-called transitional year, but now called internship year in Portland, Oregon, and then my ophthalmology residency in Seattle. And then I stayed on in Seattle with the Public Health Service for the next two years after that.

So I was also a little bit of a misfit in that I came from a Midwestern public high school in the days when the Ivy League was pretty well dominated by private school matriculates.

DR. HUTCHINSON: I had the same thing coming from a small town in central West Virginia. Going to Harvard Medical School was a little

intimidating to begin with, but I enjoyed it so much, and I had the privilege to be able then to decide what I wanted to do with the rest of my life.

My father is a general practitioner so I thought I was going to be a general practitioner, but Harvard has its ways of focusing you in more specific directions. And after medical school and that internship, I spent a year in fellowship with Dr. David Cogan in the Howe Laboratory and then a year in fellowship with Morton Grant, a glaucoma sub-specialist also in the Howe Laboratory at Harvard Medical School, and then went on into the residency at the Massachusetts Eye & Ear Infirmary. It was an extraordinary experience; I'm so grateful for the opportunity of having an excellent institution like the Infirmary, and especially having had the mentors that I had when I was in training. It was really terrific and I'm very grateful for that.

DR. MILLS: Yeah, that must have been a terrific time to have been there at the Infirmary. Not that today isn't, but it's certainly legendary in ophthalmology...

STORYCORPS FACILITATOR: If I may, you said that you thought maybe when you entered medical school you would be a general practitioner like your father. What was it... How did Harvard Medical School steer you towards ophthalmology?

DR. HUTCHINSON: Well, I learned about ophthalmology, actually, when I was taking anesthesia at the Massachusetts General Hospital. I got very excited about ophthalmology because I had my afternoons off and went over to the Eye & Ear with a classmate of mine in medical school. I decided this is it, a decision that was not made in haste. I will be forever grateful for having had had that opportunity.

And with...Did you have an awakening to ophthalmology, in a similar way?

DR. MILLS: Yes. My story is that, well, in those days they thought it was important to keep you away from patients in your first two years of medical school. And the playing field got leveled pretty quickly in the anatomy lab. But, in any case, my very first clinical rotation that I drew as a third-year medical student was—wouldn't you know it?—in the nursery. And so my

pediatric resident said, 'Well, why don't you go in there and examine this newborn and come back and tell me what you found.' Well, it... needless to say, starting out your clinical career on an infant, who are some of the hardest beings to examine in the world, anyway, I couldn't get my ophthalmoscope to work. And so I tried and I tried, and I just could not see anything in those infant's eyes. So I went back to the resident and said, 'I'm a failure. I couldn't see anything.' He said, 'Come on, let's go in there and...' So he couldn't see anything either. It turned out the baby had bilateral cataracts. And so right then and there I decided, 'Well, say, this ophthalmology stuff is pretty cool.'

DR. HUTCHINSON: You know, just dropping back to medical school training for a minute, as it relates to ophthalmology. I think it's probably the same for you as for me. When I went through medical school, we had a three-week course in ophthalmology that was half-day for three weeks, and lectures on top of that. And now, ophthalmology in many medical schools, including Harvard, it's not even required. They get maybe one lecture for maybe three hours. I think that's atrocious, actually.

DR. MILLS: Yeah, it's sort of been amalgamated into... they call it multidisciplinary education. And what that just means is that the surgical specialists get forced to the periphery and the core faculty teach what they know about the eye and that's all the medical students hear about it. So it is a shame, but still I think we're able to interest a substantial number of people in our fine specialty.

DR. HUTCHINSON: That's right, it's not by a scheduled curriculum. I think that ophthalmology is such an exciting subspecialty, as it has major facets including medicine and surgery, a unique type of surgery, actually. So I think almost anybody who has any significant exposure to our field is going to probably have ophthalmology at least one of their choices of a career for the future. I think it's a terrific specialty.

DR. MILLS: It's certainly been good to both of us.

DR. HUTCHINSON: Amen!

DR. MILLS: Anyway, my... just to catch my own story up to yours, I started out thinking after finishing my residency, thinking that I would be interested in neuro-ophthalmology. And so I took fellowships with the late Henry Van Dyk in Salt Lake City and with William Fletcher Hoyt in San Francisco, a name that's sort of synonymous with neuro-ophthalmology, just as much as David Cogan was. Bill, of course, was on the West Coast and Cogan on the East. So I did that and then I taught neuro-ophthalmology at the University of Washington program on a part-time clinical faculty basis.

And then I got to thinking that maybe I did want to do full-time academics, and that I would further specialize in only one- optic neuropathy, which is glaucoma. So took some extra training with Steven Drance in Vancouver, British Columbia. And so I arrived late to the glaucoma party in my career.

DR. HUTCHINSON: But your feet hit the ground running. You've been superb at it.

DR. MILLS: Well, I like to think that the neuro-ophthalmologic experience had some value and perspective in how to look at the optic nerve.

DR. HUTCHINSON: Well, then you were active on a medical-political basis, too. You were involved in the community. And I think one of the ways that we came in contact together is the time when you were president of the Washington State Ophthalmology Society.

DR. MILLS: Yeah, I think actually as I was trying to reconstruct this, we met in that year immediately prior to that or at least very early in the presidential year, because for one reason or another I was down with the Academy Board meeting, and I can't remember the reason I was there. I think, perhaps, a concurrent community meeting, and I got to chatting with you and with Byron Demorest, who was then President of the Academy. And the two of us retired to his room and sat around drinking Coke and talking about your idea for the National Eye Care Project.

DR. HUTCHINSON: That's correct. That was 1981, and this was at a time when I was on the Public and Professional Education Committee for the Academy, as you've noted, and Byron was the chair, we were given the charge of looking to find a public service program model that the Academy

might look at and perhaps endorse. And we had, at that time, on the Committee, one of your colleagues, Bob Kalina, and, let's see, Paul Lichter was on the Committee as was George Weinstein. David Noonan got involved, but importantly we had Bruce Spivey as the Executive Vice President of the Academy; he was the spark plug that kept us charged up and was truly responsible for the success of the NECP. Another very important person was David Paton, who first suggested the possibility of our having a program with a doctor-patient relationship that would be publicized. We looked at that and many models, and finally came up with the one that you and I have had the privilege of working on now for over 25 years, that is the initiation and development of the National Eye Care Project, a program that we now know to be the largest public service program of its kind in the country.

DR. MILLS: Well, yes, in fact, if I can back up just a minute because I do want to spend a lot more time on the National Eye Care Project and its early days. But what was it inside you that made you think that national physician organizations ought to be doing public service?

DR. HUTCHINSON: Well, I've always felt that it was important for the physician to do more than just see patients. As physicians I think you and I have been very privileged to have had this great opportunity with the NECP to make a difference in the public accessing needed health care. I believe we all should look toward ways that we can help the public to create programs for better education, better access, better awareness, and, in essence, better patient care. It didn't really gel in the first meeting or two, but within a year we had a vision of what we wanted to do. It was simply a matter of refining the vision and presenting it to the Academy Board and the ophthalmologists who would be responsible in helping us do it. That was a very exciting time. As you probably recall on one occasion when we presented the material to the Board, the vote was 22 to 2 not to do it.

DR. MILLS: That's right.

DR. HUTCHINSON: And I think the two positive votes were Bruce Spivey's and mine, but neither Bruce or I gave up and we prevailed in the end.

DR. MILLS: Well, I think that... I had the feeling when I first met with you and Byron that physicians have really had the reputation for—as long as I can remember—of providing free care or reduced-fee care to people who weren't able to afford the full price of service, rather than just sending them packing. And it's done on an individual basis according to the perception of need that the physician had because of the relationship with the patient. But all of that kind of activity that goes on and that we all take for granted really isn't recognized anywhere except between the two individuals involved, and that having much more visible public service presence, I think we all felt would help the reputation of our profession. That is, we weren't always wanting to get paid more for what we did. We were really interested in improving the public health of the public community and we're willing to have an organized program of public service so we could deliver that.

DR. HUTCHINSON: That's right. That's very well stated, that the National Eye Care Project and what it's become, EyeCare America, has been a program that ratifies what we all did anyway, and it was a matter of putting them together in the structure that could be more effective, efficient and, perhaps, send a message about our profession to medicine and the subspecialty of ophthalmology. It would be very important. And, as I said before, I think that we've been very fortunate in having had the opportunity of seeing the program develop as it has for us in the past 25 years.

DR. MILLS: Well, for sure. And I'd be interested, because I don't know, what were some of the dead ends that you considered, rejected and then finally ended up with the model that we're currently using?

DR. HUTCHINSON: Well, I don't recall all of them, but I do know that we had... It took us a year, really, to ratify the program. We looked at possibly doing it on a regional basis, not thinking of the national program as a vision at that time.

We also had an opportunity to interface with the White House through a person that David Paton brought to our attention, a blind White House Fellow, Hal Krintz; he was effective in helping us. Once we had the program in a pilot phase and it was successful, he was very helpful seeing that we were able to get White House attention and actually to elevate the



NECP in a way that hadn't been done before in any other public service program of medicine.

DR. MILLS: Yeah, that was a big event. I remember it vividly. So what, then, were the underlying principles that you and Bruce and Byron decided... and, of course, David Payton decided ought to be part of any program that we asked our members to do.

DR. HUTCHINSON: Well, our mission really hasn't changed from the very beginning to what we have now. It's one of providing awareness for people to understand the significance of potentially blinding eye disease and to educate them to that as a possibility. That had been done with educational programs within the Academy as well as in other subspecialty aspects of surgery in general in the United States. What was unique about the Eye Care Project was the fact that we developed a program that provided service, and we developed the ability to bring a patient to a doctor, or to bring an individual to a doctor to see whether or not they had significant eye disease. As you and I know, as one gets older the incidence of glaucoma, diabetic retinopathy, macular degeneration, and cataracts increase. So we focused on the elderly for a variety of reasons. They have not only a higher incidence of the disease, but they are more vulnerable because they didn't always know where to go. They often thought that growing older means just not seeing as well. And that's certainly not necessarily the case.

So we had the format of the program for awareness, education and referral to a doctor. It's a system that has remained unique in medicine throughout the country. It has not been duplicated, but it's extraordinarily effective in getting a patient to a doctor in a latitude/longitude-driven referral interface to begin with, more sophisticated now, as you recall, we could refer a patient even in our pilot program in the beginning of the early 80s, refer by latitude and longitude zip code to five personal digits!

DR. MILLS: Yeah, well, there's some technological challenges there that were particularly daunting back in those days when... well, we didn't all have e-mail and personal computers and that kind of thing. So you had an extraordinary help from some of your patients or at least their companies back in Boston that helped us on the way.

DR. HUTCHINSON: That's right. We didn't even have fax machines... I remember we had special communicating instruments that weren't available to the general public, because of a special relationship with the Mitre Corporation of Washington DC that partnered with us for several years. Just by serendipity, one time, I was seeing one of the executives of that company and he heard about our wanting to deliver care to the public in a major national program. And he said, 'I think my company might want to help you.' And, by golly, they did help. We had an extraordinary partnership with the Mitre Corporation who offered highly technical expertise in computer programming and communications over several years.

But before we got into that and the sophisticated mode for the national program, I think we should come back to the pilot programs that we developed, which you played an extraordinarily important part of. I remember that we wanted to have three states, and we wanted to pick them with different degrees of ophthalmological sophistication within their state societies. We picked Washington State when you and Bryon and I talked about the program. And you were the initial one who picked up and said, 'Yeah, I'd like to do that.' Then we also picked Michigan and West Virginia. And out of those three pilot programs, over the next two years or a year-and-a-half, we developed a pilot program that is a mirror, an unsophisticated mirror of what we have today 25 years later. I remember you took probably two weeks out of your life to communicate with the ophthalmologists in Washington State to convince them that they should participate in this program. We had it arranged so that we could refer patients who had no insurance and the doctors would take care of them with no out-of-pocket expense. If they did have insurance, they still had no bill from the doctor. We had special national dispensation from the government not to do that balance billing.

Because of the leadership of you in Washington State, Dr. Paul Lichter in Michigan and Dr. George Weinstein of West Virginia, our pilot program over a 10-week period; we saw 4,000 patients and results from it were absolutely remarkable. Tears still come to my eyes when I read the postcard responses from those who were referred and received care – all with no cost to them. I still have some of these cards. Somebody wrote in from this program out of Washington State, 'I just could not afford to have this care. I was impressed with every step of this process. I thought the ophthalmologist

who I was referred to was really terrific. This program brought light into my life. Without your program, I wouldn't be able to see better. I could have not afforded the services that you folks provided me. I will always think of you. And if every time I have a few dollars to spare, I will send them to you. God bless you all. Thank you all.' I mean, these are just outstanding. Here's somebody who never saw an ophthalmologist before, 'Thanks for making this program available to seniors who for financial reasons wouldn't be able to have this service.' Dick, as you know, these comments were key in moving the NECP from a pilot program to every state in the nation.

DR. MILLS: Yeah, absolutely. Well, I think it bowled us over when we found out how enthusiastic the recipients were.

You know, one of the... obviously, there were a lot of wise decisions made along the way, but it struck me that picking the pilot states, you had to pick states that had champions who would really make it work, and so that George Weinstein and Paul Lichter from West Virginia and Michigan, respectively, were on that committee that you spoke of earlier, and they agreed to do what was necessary in their states, and I did so in Washington. It's true, I did go around and have little breakfast and dinner meetings with ophthalmologists in their local communities before and after work. And I remember that I had it closely scheduled, but I hadn't left enough time for sleeping. So by the end of the two-week jaunt, I was pretty worn-thin, because we'd often have to drive between towns after the evening thing was done and then get up and have breakfast with the next group, so...

DR. HUTCHINSON: But you did take it on, didn't you?

DR. MILLS: Yeah, that's right. Yeah, well, I considered it an important piece of my presidency of the Washington State Ophthalmology Society, which I had just started, concurrently with the program. So it worked out well from my perspective, because then also in those meetings I got to talk about some other issues that were interesting for the ophthalmologists. But, you know, that's why they came, to hear all these other things, and what I gave them when they got there, that's why they had to sign up.

DR. HUTCHINSON: Well, and, you know, that carried on even in today that we utilize the power of the National Eye Care Project, which is now

EyeCare America, we use the power of that communication to let people know that we do care and that we're making every effort to see that the patients get quality of care.

STORYCORPS: Dr. Mills, what were you saying in these meetings? When you had to convince doctors to be a part of the National Eye Care Project?

DR. MILLS: Well, I think that, first of all, acknowledging that the doctors had been giving away care and that we weren't attempting to really change that part of the relationship they had with their existing patients. I think it was also important that the doctors understood that we weren't trying to reassign the pieces of the pie. We were really interested in getting entirely new pies, patients who had not been part of the medical care system, but who we could get into care. And even if a doctor had to provide free care for the patient, the patient would be talking to all of their relatives and their friends, and how wonderful this doctor was, and so it could certainly be a practice-builder for them. And, finally, we... I think we all come to the realization that we're always going to the state legislature to oppose this or that, and to be able to go to them and say, 'Well, look we're running in this state a pilot public service project to provide care to your constituents.' And, suddenly, the doors began to open politically for us.

DR. HUTCHINSON: And fortunately, still do in that regard. The criteria for being a potential recipient or being eligible are to be 65 years of age or older, to be U.S. citizens, and not to have had an ophthalmological or medical eye examination for three years. That was to avoid patients jumping from one doctor to another, and that was very important for our doctors to know that we weren't, as they said, trying to move their patients out of their office to somebody else's office.

With all this in the pilot program, which, as we noted, had been very successful, we came back to the Academy Board and it was no longer a 22 to 2 vote against, but it was a strong unanimous vote to proceed to devise a national program that could be modified from a pilot in three states. I think at that time we had 448 ophthalmologists in the three states that participated in this 10-week pilot. To make a long story short, the national program was as extraordinarily successful at the national level as it had been locally. We've had as many as 7,500 ophthalmologists who participate in the

program, Dick and I have seen that number vary over the years, but we've always had thousands of ophthalmologists willing to participate.

So, we took the three pilot states, charted a plan to bring the program nationwide. We ended up moving into nine separate zones of the states. We started on the West Coast in Washington State. That was the initial state for opening the National Eye Care Project, principally to reward Dr. Mills and the State Society in Washington for having done such a good job and being a bellwether state for a new, unique and important public service program.

DR. MILLS: Yeah, I think just to embellish on that a little bit. The idea was that, again, those were in the days before there were such things as companies you could hire to answer the telephone, you know, have hundreds of trained operators. We had a limited number of operators who were trained in the dialogue for the project, and we didn't want to swamp them with calls by suddenly starting out on July 1<sup>st</sup> with a nationwide program, which would be carried by major networks and suddenly our phone lines would get swamped. So we very carefully designed, as you pointed out with nine zones and each one had a date that it was going to go live, and calculated how many potential calls we might get. And fortunately, everything worked out as it had been planned, because, you know, there were some close calls, as I recall, media who wanted to take it on the national news because they thought the program was such a good idea. And we had to tell them, 'No, don't do that. It will ruin it.'

DR. HUTCHINSON: That's right, I can remember, Dick, I would wake up at night and say, 'My gosh...' my goodness, I didn't know whether we'd have three calls or 30 calls, or 300 or 3,000 when we put this material out and even in Washington State. As we moved from zone to zone, we gained confidence and we would actually begin a new zone as we were tailing off with the first. But in that first year, Dick, that was in '85.

DR. MILLS: Yeah.

DR. HUTCHINSON: In that first year, we had over 179,000 calls. It was very highly-publicized. And then, of course, as we moved from the West... Northwest to the rest of the Western United States, we ended up... Let's see, I guess that was in July 1, 1986, that we were in New York City.

DR. MILLS: New York City was the last one, because we figured that if it wasn't going to work, we could bail before we got to New York City.

DR. HUTCHINSON: That's right. And I think that was a milestone date in this regard. For the first time ever, every elderly American would have access to quality eye care without regard for their ability to pay – now all at a national level. It's a very, very powerful message. Since then, we've been able to build in many ways. And, Dick, you've been responsible for seeing the program develop in ways other than for seniors. We should say it was a little bit later on that we changed names from the National Eye Care Project.

DR. MILLS: Yeah, I think we'll get into some of the later things in the next segment. But just to wrap this one up, I think that it was an extraordinary idea that was well thought out and well marketed among ophthalmologists who were at first skeptical. Why wouldn't you be? They had no precedent in American medicine. But then as the volunteers found that they were getting letters just like we got in the main office from grateful patients, they discovered that this was a pretty good deal.

DR. HUTCHINSON: There's one other thing that we should bring up that all this didn't happen just a puff of air or smoke, the Eye Care Project being developed. We had to pay for this. We went into the pilot program with support from... I remember the Merck Company gave us the largest amount, \$300,000. The Academy backed the program strongly, and we got financial support from a variety of sources, that I think it's important for the people to know that the membership of the Academy made an enormous commitment. George Garcia, was in charge of fundraising, with a lot of the academy membership participating in a variety of ways through the subspecialty societies and state societies. When we started out we did it on a shoestring, but nationwide we had to have a lot. There was \$3.4 million that had been committed by industry – principally from the various important drug companies affiliated with ophthalmology, I think it was a little over \$4 million, but the membership of the Academy contributed over \$2.6 million. And that came from going out to the doctors saying, 'This is a program that we believe has value for the American public; it is public service and it supports the things that you've been doing anyway, and we'd like for you to help some more.' We had a simply terrific response.

DR. MILLS: Well, of course, that doesn't even count all the in-kind services that the volunteers have been providing. But it certainly was a wake-up call for me to run a true public service program, it costs money. You actually had to pay to give away care, because of all the logistics that are involved with making those referrals, so... Well, we learned a lot along the way.

DR. HUTCHINSON: Oh, yes. We had a tiger by the tail, Dick, and you didn't know whether... at various times whether it was going to turn around and bite you.

DR. MILLS: Yeah. Well, I was right behind you the whole time, Tom. The tiger's in front of you and I was behind you and...

DR. HUTCHINSON: But we had the support of so many people. And from the very beginning, Larry Boston and Bev Schwartz, through our current staff, the staff that has handled the Eye Care Project had been exemplary in every facet, every facet, and so few people doing so much get so much done and so fast and so accurately. That's one of the things about the Academy of Ophthalmology in general. It's an extraordinary outfit. It's an extraordinary organization that makes you want to work for them. You and I have spent a considerable amount of our time, at one time or another, doing Academy work; I wouldn't trade it for anything in the world.

STORYCORPS: I find it really amazing and wonderful that something like the National Eye Care Project exists. And I'm wondering if you could reflect for me on what you feel emotionally when you think about the fact that you have provided sight for people who maybe wouldn't have had it, otherwise, and that you had the skills and the ability to bring that to people?

DR. MILLS: It brings tears to our eyes, absolutely. It's why we got into the business in the first place.

DR. HUTCHINSON: The opportunity to move forward, you don't always get an opportunity like that. And then when you get it, you want to go full bore and to do your very best. And that's what everybody in the Public Service Program has done. Everybody does their very best. They feel very

privileged to be able to participate. And we're just two people out of, as I said before, thousands who have committed their personal time and their professional expertise benefitting those people who don't have access to care. And they're still out there; we'll never get to everybody who needs help.

DR. MILLS: Even as we talk here in 2009 about healthcare reform, the almost reality is it will still never be that there aren't needy folks out there who view the logistics of getting care to be too daunting, and if we can help somehow... help them get over the barriers to access care, then we're doing our job well.

DR. HUTCHINSON: Yeah.

[END PART I]



DR. HUTCHINSON: My name is Thomas Hutchinson. I'm 75 years old. Today's date, October 24, 2009. Dr. Richard Mills and I are in San Francisco attending the American Academy of Ophthalmology meeting. We're close friends and colleagues, and partners in programs for over 25 years. Dr. Mills?

DR. MILLS: Yeah, I'm Richard Mills, Dr. Richard Mills, and I'm 66 years of age. The date is still October 24, 2009, and Tom Hutchinson and I have worked together on many Academy of Ophthalmology programs, but perhaps dearest to both of our hearts are the public service activities that we spent quite a bit of time talking about the first hour. But we only got as far as the beginning of the national rollout of the National Eye Care Project. And the project is still going strong now and 25 years later. So what are some of your recollections as to how it has evolved from the way it started to now?

DR. HUTCHINSON: I think the principles of the Eye Care Project are exactly the same, as we had commented on. That is, providing awareness, education, access to care for significant potentially-blinding eye diseases to the American public. Where we started from the Seniors Program, initially, we expanded out from that, as you well know, Dick, because you affected many of the things that have gone into the Eye Care Program changes that are so effective over the past several years.

The name did change from the National Eye Care Project to its current name, EyeCare America, E-y-e, capital 'C'-a-r-e, America. And, hence forth, I think that name will continue for the public service programs of the Academy.

DR. MILLS: Right, it's a... it was always difficult to explain to people what the National Eye Care Project was. That's what it was first called and, of course, it was a project in the early days in more ways than one. But other people had trouble understanding what the idea of it was. And so using the word 'Eye Care,' which exemplifies the provision of care to those who can least afford it, and 'America' to show that it's a nationwide program has been effective.

And, in addition, we didn't think of it in those days, but it's turned out to be a pretty nice name change from the standpoint that a lot of people will Google 'eye care,' and sure enough we're coming up on the top of the list.

DR. HUTCHINSON: That's terrific. And you couldn't ask for a better introduction to our profession, I think, in ophthalmology and eye care than having come up in the Foundation's public service program.

DR. MILLS: Well, so, initially, then, the funding was provided, as we talked about in the last segment, by corporations and individual ophthalmologists. And that got us through the national rollout, where we were up and running. And then the question was, 'Well, what do we do from here? How can we fund this thing going forward?' Because one of the things that we learned during the national rollout was how dependent we were on media getting the word out, because you can have the best public service program in the world and if people don't hear about you, then the phone's not going to ring. So, clearly, we needed some long-term funding partners that would help us get to a sustainable public service program.

DR. HUTCHINSON: That's right, the Academy had supported the program about \$1.5 million a year. As I recall, the Academy committed to 2% of its gross revenues to the public service program, which is a substantial amount of resources.

DR. MILLS: Yeah, I think that... I remember that day when both of us gave impassioned speeches before the Board, and I think we were very fortunate to get that commitment, but wouldn't let them forget since then.

DR. HUTCHINSON: That's right, and we've had several partners. We did mention the Mitre Corporation through the entire introduction of the Eye Care Project nationally. They were experts in computer technology and they were as committed to the program as any of our ophthalmologists. They were family to us in the Eye Care Program. And that went on for several years. Since then, we've become more dependent, we'll say, with the promotion of our program and looking for support from various aspects of industry and also, Dick, we might comment, I think it would be appropriate now to talk about Knights Templar.

DR. MILLS: Absolutely, the Knights Templar Eye Foundation. It's really... it's a foundation composed of current and former members of the Knights Templar Lodge, a division of the Masonic Lodge. And they had, for years run a program where they paid for eye surgery, often children's eye surgery through their donations and had been looking for a program that had a little bit more control and where they could leverage their dollars a little bit better.

DR. HUTCHINSON: Yeah, and they also did and still do children's eye research programs, we have mutual respect for our... each of our commitments.

DR. MILLS: Yes, it's a... it's been a long-term partnership and one that we value extremely. I think that it's a win-win situation for both organizations because they get to show that by partnering with the ophthalmologists that they're getting the provision of free care by the volunteer ophthalmologists. And, really, all they have to do is help to fund the help line, as we call our toll-free number.

DR. HUTCHINSON: Yeah, that's worth commenting on, I think. A lot of people don't know it yet, we really haven't told them how to get into the Eye Care Program. There's a national number, 1-800-222-EYES.<sup>1</sup>

DR. MILLS: E-Y-E-S.

DR. HUTCHINSON: E-Y-E-S on the phone and that gets you 24-hours-a-day, 7-days-a-week, a live voice that will talk to you about the program and will, assuming you're eligible, enroll you.

DR. MILLS: That's right. After the initial dialogue, then the help-line operator puts the information in the system, and the computer automatically generates a letter to the doctor notifying them that the caller will be calling for an appointment and then notifies the recipient, the caller, as to which ophthalmologist they matched with, what... how to get to the office, how to phone up and get an appointment, and urges them to do that.

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<sup>1</sup> As of April 1, 2011 referrals to EyeCare America are made only on-line at [www.eyecareamerica.org](http://www.eyecareamerica.org)

DR. HUTCHINSON: It's interesting how we've been able to get the message out to the public. As you've noted, it's sometimes difficult and you do have to spend considerable resources, economic resources, or money, to get the message out. We found, all along that printed word is good, and we've been to, oh, the AARP, *Parade Magazine*, *Reader's Digest*, oh, several, large publications that we've put our message forth. Sometimes we get as many as 2,000 calls a day when messages go out on... from these magazines, or radios, with Paul Harvey. We can get thousands of calls.

DR. MILLS: Paul Harvey was a long-time supporter of the program and gave it mention, really, a disproportionate number of his shows. We were so happy about that. And Ann Landers was also instrumental.

DR. HUTCHINSON: And 'Dear Abby.'

DR. MILLS: And 'Dear Abby,' that's right.

DR. HUTCHINSON: And then we had the public service announcements. These were video shots that were done by celebrities, and we've enjoyed terrific acceptance of our program from people like Bob Hope, James Mason, Mary Martin, John Forsythe.

DR. MILLS: Bill Cosby.

DR. HUTCHINSON: Bill Cosby, Senator John Glenn.

DR. MILLS: That's right. Herbert W., or President Bush, the First.

DR. HUTCHINSON: That's right, President Bush, the First, has actually done two for us, I think.

DR. MILLS: That's right.

DR. HUTCHINSON: And, actually, we've had for Eye Care America four presidents of the United States endorse the program. The first was Ronald Regan in an announcement when we opened up with the pilot program back in 1983.

DR. MILLS: You and I went to the... which room was it?

DR. HUTCHINSON: The Roosevelt Room.

DR. MILLS: Yes, that's right.

DR. HUTCHINSON: Yes, the Roosevelt... you and I were there, and that was a very exciting time. And he told a couple of jokes. You remember he told us the one about having a contact lens in one eye and not in the other.

DR. MILLS: Yes.

DR. HUTCHINSON: Didn't have to wear glasses.

DR. MILLS: And that solved the mystery as to how a man his age could possibly not have to wear glasses.

DR. HUTCHINSON: And then he told us that he learned that on a rubber chicken circuit when he was in another profession when he was an actor. I thought that was pretty good.

DR. MILLS: Yeah.

DR. HUTCHINSON: Yeah, that was a very exciting time.

DR. MILLS: Well, anyway, he was delighted about the initiative that the Academy of Ophthalmology had taken and wanted to honor that in much the same way that even to this day, our current president, Obama, has developed some public service awards. And, in fact, Eye Care America received one of them.

DR. HUTCHINSON: That's right. Eye Care America from Obama, and then we had one from George Bush the Second, as well as his father...

DR. MILLS: That's right.

DR. HUTCHINSON: ...and Ronald Regan. So we've had four presidents publicly announce their support and congratulations to the American

Academy of Ophthalmology for their services. We're very proud of that. I don't think that I can recall anytime that we've taken any significant adverse comment from anybody.

DR. MILLS: Well, we worried that it might happen.

DR. HUTCHINSON: We worried, always worried it might happen, but so far, we better knock on wood, it's a good clean program with an excellent record of service. The doctors are extraordinarily cooperative. If on the rare occasion we find a doctor who does not want to play by the rules and do it in the spirit of public service that the program has established, we push a computer button and, presto, he's no longer on the physician list. We have generally 7,000 or more doctors participating in the program at any one time.

DR. MILLS: Yeah, it's incredible. Of course, it began as a program for the disadvantaged elderly. But then after that had been a success for quite some period of time, 10 years or so, it was decided that, 'Well, gee, they're not the only needy aspects of the population.' And even if we were to provide only education, let's say, as you alluded to earlier, perhaps specific to certain diseases, we might be able to have a public health impact in that regard. So the Academy began its Diabetes 2000 Program and the companion Glaucoma 2001 Program. And although they initially began as educational programs, then the Academy decided, 'Well, there might be a public service component to be had for these programs as well.' And that's when the idea of having EyeCare America not just be for seniors, but to have programs for glaucoma, for diabetes, for pediatric eye care, for aging macular degeneration came to fruition.

DR. HUTCHINSON: Yeah, the partnerships also have been extraordinarily important for Eye Care America and the Academy's Foundation. We partnered, for example, with the Healthcare Finance Administration on one occasion for diabetes. We sent out over 600,000 letters to patients who had a Medicare billing code for diabetes mellitus, but hadn't had an eye exam.

DR. MILLS: In other words, their diabetologist, their internist/family practitioner would have coded a bill for diabetes, yet there was no eye care provider that filled in the period on either side of that for a couple of years.

So these were people who had presumably not had their eyes checked, even though they were diabetic.

DR. HUTCHINSON: So we sent this information twice to them and found a very, very good response, measured in the tens of thousands of people who replied and had total eye care who did not have to pay for their eye examination or treatment because they were seen through our system. That was, I think, our biggest outreach success.

We had many times when we had 2,000 calls a day as on *Good Morning America*, or similar broadcasting efforts. But if it weren't for the general support of the media, individuals and companies, our message wouldn't get out nearly as well.

And I think our staff, Dick, has done a terrific job in partnering with many medical organizations, some related to ophthalmology, some to general medicine, some to gerontology.

DR. MILLS: The NEHEP Program, the National Eye Health Education Program...

DR. HUTCHINSON: Dick, to change the subject, I think we have been asked to comment on how young ophthalmologists might get involved in Academy activities. How did you next move into the Academy structure after we got the Eye Care Program started?

DR. MILLS: Well, it's a... the story really begins when I finished with my service with the Public Health Service and went into a private practice in our State Capitol, Olympia. It was a good practice opportunity there and I was, at that time, interested in just doing neuro-ophthalmology on a part-time basis and general ophthalmology the rest of the time in my private practice location. Well, Olympia proved to be an interesting choice, because right about that time the optometrists decided to introduce an expansion of their scope of practice legislation. And so during those years, the Legislature would schedule hearings on the proposed bill, usually with less than 24 hours notice. And so no other ophthalmologist could commute down to Olympia, so they wondered if I would go over there on my lunch hour and testify to the Legislature about this proposed legislation.

So my location, Olympia, turned out to catapult me into an area of activity that I never dreamed I would be involved with. Even though we lost that particular battle, the Ophthalmologic Society decided that maybe I ought to be president. I think that I was one of the few people who was willing to do it. So I took the job for the Washington State Ophthalmologic Society and knew I was on the leadership trail when you and I met and we decided that Washington was going to be a pilot state that fit well with my plans as state Society President.

Well, then, of course, George Weinstein, was the champion in West Virginia for EyeCare America and also a senior Academy leader and he had convinced, based on his experience with public education in the Demorest Committee that you both served on, he was convinced that the Academy really ought to have an administrative unit, not just a committee, but an administrative unit dedicated to public and professional information, and so he convinced the leadership to create a secretariat, which was the administrative division positions. And so he was scrambling around to think, 'Well, what committees ought to be in such a secretariat?' And thought, 'Well, public information, that's for sure and professional information, that's another good one...' And we would throw public health in there because, well, it can have a home, and then something called liaison information, which was all that other stuff that might have to do with information that would go in there.' Well, anyway, that gave him four committees and enough to form the secretariat. And so because of our experience together on the pilot in NECP, he said, 'Well, why don't you head up Public Information. I bet you'd be good at it.' Well, at that time, I was actually looking for a way not to go down to the Legislature all the time, so I took him up on it, and that's how I began in the Academy, which in much the same area as you did.

DR. HUTCHINSON: Uh-huh. Yeah, I started... I was one of the founders of the Massachusetts Ophthalmological Society, or a co-founder, and I've been active in scope of practice issues for over 40 years. We just last year had our 40<sup>th</sup> anniversary. So I'm a veteran, but I still go to all the meetings and I participate. When I go back to Boston from this meeting, I will be going to the State House for the same sorts of quality of care issues that



we've been talking about that are so important in protecting the public interest.

So I was on the public health committee, on Byron Demorest's Committee and... but, actually, before that, I had, with George Garcia, come into the Academy structure through a new political arm, the Council which is like the House of Delegates of other medical organizations. So I was the vice chair for a couple of years.

DR. MILLS: Well, that was the old American Association of Ophthalmology.

DR. HUTCHINSON: Yes, that's right. That was a time when the Association and the Academy came together. And George Garcia, a very close friend, and I were both candidates for the leadership positions, George from the Association and me from the Academy's side of things. We were both elected. I served two years as a vice chair and two years as a chair of the Council. Both positions have a seat on the Board of Trustees of the Academy.

Later, when the Academy saw the need to have a division or a secretary for ophthalmic practice for the business aspects of what happens when you go into practice, what you have to know to survive as a new doctor in taking care of patients. I became the first Secretary for Ophthalmic Practice for a few years working on the newly developed preferred practice patterns and other areas that were similar in terms of quality of care. From Secretary for Ophthalmic Practice position I was elected President-elect and one year later became President of the Academy.

Dick, you had a similar tract toward Presidency – over several years, as was mine. Tell us about it!

DR. MILLS: The chairmanship of the Public Information Committee had... was an interesting time because I assembled some pretty talented committee members, and we viewed our charge as developing a set of high quality brochures that our members could hand to patients. It had already been started by Byron's committee, but we really thought that they ought to have really sterling production value. So with Larry Boston's help and Marybeth

Whittemore, we designed a set of these brochures, and they were extremely popular with the members, so much so that the Academy, in my final year as chair, grossed a million dollars in profit in the sales of those things. So I made a report to the Board about that. And the Board said, 'Well, I guess we know who's going to be George Weinstein's replacement.'

DR. HUTCHINSON: That's terrific.

DR. MILLS: So, anyway, so I was Secretary for Public and Professional Information, as George assumed the Presidency of the Academy.

And so you were President, as I recall, in 1993. And, interestingly enough, that was Dunbar Hoskins' first year as Executive Vice President, having taken over from Bruce Spivey. So he likes to tell the story about how he learned how to burp the President on you.

DR. HUTCHINSON: That's right. Well, we burped one another. Both Dunbar and I had the advantage of having David Noonan as the Deputy EVP who worked hand and glove with Bruce for years and knew all the details of the Academy's structure and how to get things done. He was and is a wonderful man who is totally committed to the AAO. Bruce Spivey left the Academy's position as an extraordinary EVP over his 15-, 16 years. Dunbar was walking into big shoes. And he walked into them and he didn't miss a beat. He hit the ground running. Dunbar has been also an extraordinary EVP, just... as you and I know he's retiring this year. We haven't seen the last of either Bruce Spivey or Dunbar Hoskins. They're both very active in both the national and the international scene.

DR. MILLS: Yes.

DR. HUTCHINSON: One thing we haven't hit upon, the current structure of EyeCare America. There were people... we mentioned the very, very early ones, but you took over as the chair of Eye Care America and I went on to chair the Advisory Board of the Foundation.

DR. MILLS: Well, that's right. Before that time, actually, you gave me the National Eye Care Project for one year while you were President of the Academy, and then I gave it back to you.

DR. HUTCHINSON: You did. Well, you were kind to do that.

DR. MILLS: And then, if you'd ever had any idea of giving it back to me, well, then I got tapped as President of the Academy in 1995. So it was only later, after you assumed the chair of the Foundation Advisory Board that you passed on the baton to me to run EyeCare America. But I had had a long apprenticeship by then.

DR. HUTCHINSON: Yeah, I think it's important, particularly for those that are coming after us to know that... it is important to get involved and stay involved. The American Academy of Ophthalmology is easy to get involved with – the work is fascinating and very rewarding. The stipend is zero, you really must want to do it. You get on a committee and you spend a year, or two, or three on that, and if you do the job well, there is probably another committee to challenge you! The Academy has a wonderful family of committees who are looking for dedicated and committed members to move forward. It's been a wonderful, professional family that has been so important to me and to you. I encourage people, anybody that's in ophthalmology to get involved into the Academy and any of its programs—advocacy, education, public service. As an example of one of these, I think there were maybe eight presidents who had been very active in public service programs.

DR. MILLS: That's right. There are an enormous number of opportunities for people within the Academy and I think you and I are both examples of how you don't have to be in education, in clinical education, although we both do it with our residents and trainees back home. But we've not been involved centrally with clinical education activities in the Academy, which is very core. We've been doing these other things to round-out the Academy into a much more comprehensive organization.

DR. HUTCHINSON: And I think that looking at Eye Care America and the concepts that we brought, that is in protecting the public interest and developing programs for taking care of people in need, we both have seen the value of doing just that in other arenas. Another institution that you and I both served for years was on the American Board of Ophthalmology, which credentials individuals rather than educating them but functions with

the educational arm of the AAO to help ophthalmologists learn and credential more effectively.

DR. MILLS: And the Board is another ophthalmic organization that acts a lot like a family.

DR. HUTCHINSON: Yeah, it is.

DR. MILLS: You and I served at... well, we didn't serve concurrently. You were... you preceded me.

DR. HUTCHINSON: Yeah.

DR. MILLS: It's an eight-year term, so I think you were two or three years out when I started. And the changes that have gone on with the Board are extraordinary. The recertification battle that was joined in the early days, and now we take for granted as just part of the landscape.

DR. HUTCHINSON: Yeah, I was heavy into that recertification business, but also in terms of fellowship accreditation.

DR. MILLS: Oh, tell me a little bit about how that...

DR. HUTCHINSON: That was a big one. Another thing I enjoyed a great deal at the Academy was with its subsidiary, OMIC, the Ophthalmic Mutual Insurance Company. That's another quality of care institution, with its educational programs in risk management. OMIC is truly terrific in quality of care issues, risk management and in protecting the public interest.

DR. MILLS: Well, I ended up with another hat at the Academy, that's different from yours, I always wanted to edit an Academy publication. The Academy has two. There's *Ophthalmology*, the journal, and the clinical news magazine, *EyeNet*. And so when Dr. Tom Weingeist, the EyeNet Chief Medical Editor, became President, I was then a Past President, and so I went to Dr. Dunbar Hoskins and I said, 'Well, you've got to get rid of that when you get to be President, so can I have it?' And nobody said anything. So I decided I'd apply to be editor of *Ophthalmology*. And I decided that I had to kiss the *EyeNet* idea goodbye. So in the process of selecting the

editor for *Ophthalmology*, Dunbar called me up at the end of the interview process and he says, 'Well, looks like I've got some good news and some bad news.' I said, 'Well, why don't you start with the good news.' He says, 'Well,' he says, 'we want you to be the new *EyeNet* editor. And the bad news is you didn't get the *Ophthalmology* job.' Then I thought to myself, 'Boy, I tell you, sometimes you dodge bullets and you don't even know where or how you did it.'

DR. HUTCHINSON: Dick, I've got to say that you have been absolutely dynamite with *EyeNet*. *EyeNet* has thrived under your leadership. I don't know how you do what you do, but you're so focused. You're able to put together the education, the clinical care, the advocacy programs as editor of *EyeNet*. It's the first thing that I read when it comes to me is *EyeNet*. And that publication is at the top, it really is, and you've done it.

DR. MILLS: Well, I figured my dad would be happy because it's the first time I've actually found a use for my liberal arts education.

DR. HUTCHINSON: Dick, I think they're pointing to us. Let me say, in closing, in these 25-plus years we've been together, it's been an extraordinary ride, and I couldn't have been with a finer, more capable or a better friend. So thank you for this opportunity.

DR. MILLS: Thank you. And thank you for being my mentor and leading the way along a path that I probably would never would have found if it hadn't been for you.

DR. HUTCHINSON: Thank you, Dick.

[END PART II]