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A Conversation with Tamara R. Fountain, MD

Tamara R. Fountain, MD
Ophthalmology

As 2021 draws to a close, Tamara R. Fountain, MD, reflects on her one-year term as the 125th president of the American Academy of Ophthalmology.

Fountain, a professor of ophthalmology at Rush University Medical Center and an oculoplastic surgeon in private practice in Deerfield, Illinois, came into her leadership role amid one of the most challenging public health crises the country has faced — the COVID-19 pandemic. She was elected to the position by the Academy's community of 32,000 ophthalmologists.

Q: One of your goals coming in as president of the American Academy of Ophthalmology was to address the recovery of ophthalmology, which was hard hit by the pandemic. Can you provide some scope on the financial toll the field took?

A: In those first few months of 2020, we knew so little about COVID-19. But we were aware of how highly transmissible COVID was, and we also knew that we didn't have enough personal protective equipment (PPE) for frontline health care workers.

Our organization came out with a statement that advised ophthalmology providers to shutter their offices to flatten the curve and preserve PPE. As a result, office visits for our providers across the country plummeted, with patient volumes down more than 80% in those early days. We took some initial

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criticism for that, but it turned out we were ahead of the curve and leading efforts to help the country handle the pandemic. Shortly after we made that announcement, the American Medical Association and other medical organizations endorsed that same policy to advise providers to stay home.

I think it is accepted that the nationwide shutdown was, in fact, effective at flattening the curve in those early, frightening days where we had no defenses — no masks, no vaccines, little reliable information on how to combat this formidable, unfamiliar foe.

Q: What steps did you take to help patients begin to access care?

A: By April 2020, we were helping our physicians transition to telemedicine, which previously wasn't widely used in the field of ophthalmology. Prior to the pandemic, insurance companies imposed significant restrictions on location and licensing and reimbursed those visits at a much lower rate than a traditional in-person visit.

Once the government removed some of those barriers to access and, more importantly, brought the level of reimbursement for a telemedicine video conference visit to the same level as an in-person visit, we adopted telemedicine very quickly. Although some of the more advanced scanning technology is hard to do remotely, we were able to use several applications to check vision remotely and assess patients' needs at home. Patients loved it, and providers were able to deliver care and at the very minimum triage patient needs.

Q: As president, what steps were you able to take to advocate for fair physician reimbursement?

A: Medicare is the primary insurance provider for ophthalmology. Every year, the Centers for Medicare & Medicaid Services (CMS) meets to determine how much physicians should be reimbursed for various specialties, such as ophthalmology. Before the pandemic hit, we were looking at a 6% cut in our field's reimbursement.

And every year, we have to advocate for fair compensation of a continually shrinking piece of the health care reimbursement pie. For 2021, we were able to avoid that 6% cut through our lobbying efforts on Capitol Hill along with CMS postponing those cuts. But we can't count on that postponement being extended. With so many downward financial pressures on our physicians, we have to constantly advocate and lobby for fair reimbursement.

Q: A second goal you had as president centered on diversity, specifically closing health disparities based on race and socioeconomic status. Can you elaborate on what those goals were?

A: We know our Black and Brown patients experience a disproportionately higher burden of visual impairment from common diseases like glaucoma and diabetic retinopathy. The same is true for school-age children wearing glasses; Black and Brown youth are more likely to go without them. Addressing health disparities has always been a priority of mine and the Academy's.

However, between the pandemic and the social justice movements in 2020, we felt we needed to pay even greater attention to this area. Some of the systemic issues that have an impact on health care, such as housing, education and criminal justice, are not areas the profession can make much of an impact.

That doesn't mean we are powerless. Research has shown that patients are more likely to heed medical advice when it's given by a member of their same ethnic or cultural group. In the United States, about one third of the population comes from an underrepresented minority. In ophthalmology, our workforce has only 6% underrepresented minorities.

To address this gap, we established a minority ophthalmology mentoring program five years ago to introduce first- and second-year medical students to the field. In that short span of time, we went from having 14 students to over 100. I'm very proud of that.

We also performed an internal audit of our organization to make sure we are living up to the diversity ideals that are part of our Academy's mission. This past year, we created a portal on our website's landing page dedicated to diversity, equity and inclusion. It is the largest repository of ophthalmic DEI resources that I know of anywhere. We want to encompass diversity in language, religion, ethnicity and physical impairments, and this repository has been a tremendous resource.

Next year, we'll be publishing a white paper summarizing the world's literature on racial gaps in ocular health. The paper will feature data on access, education and workforce issues. We hope this landmark publication will serve as a road map for the profession to confront and narrow health outcome inequities in the world's marginalized populations.

Q: What did you learn about yourself by taking on this leadership position at such a challenging time?

A: I learned how impactful a chance encounter can be. I've had more than one ophthalmologist come up to me, and they remembered a talk I gave years ago and that they didn't realize that someone who looks like they did was in a leadership position.

Q: How has your experience at Rush shaped your approach to leadership?

A: At Rush, we serve such a diverse population. Throughout my career, I've known how beat up some of those patients feel about the health care system. They're defensive and don't anticipate a pleasant encounter. I'm aware how important my approach is to them and why it's important to have a good relationship. There's power in that.

Fountain has served the ophthalmic community in numerous ways over the last 25 years, including as American Academy of Ophthalmology secretary for member services, an at-large member of the Board of Trustees and an editorial member of "EyeNet Magazine." She is also past president of the American Society of Ophthalmic Plastic and Reconstructive Surgery and the Illinois Society of Eye Physicians & Surgeons and was the first female and person of color to chair the board of the Ophthalmic Mutual Insurance Company, the market share leader of professional liability coverage for the nation's ophthalmologists. In addition, she won the Academy Lifetime Achievement Award and the Orkan Stasior Leadership Award.

She earned her medical degree from Harvard and did her residency at Johns Hopkins Hospital's Wilmer Eye Institute. Fountain then completed specialty training in plastic and reconstructive surgery at the University of Southern California's Doheny Eye Institute.

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