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As one reads through the Table of Contents for this issue of *US Ophthalmic Review*, it is striking to reflect on the remarkable advances that our profession has seen in the past few years. From the first article that highlights the extraordinary precision of femtosecond laser technology for cataract surgery to the final article, which discusses the groundbreaking biological treatments for neovascular age-related macular degeneration (AMD), our specialty is marching forward at a record-breaking pace. And our patients are the special beneficiaries of these new treatments, achieving visual results that were inconceivable only a few years ago.

However, these advances and breakthroughs have not come without substantial expense. In fact, the increasing costs of eye care are reflective of a national unsustainable growth in healthcare costs. Overall, the cost of healthcare has demonstrated a logarithmic growth pattern over the past 5 decades, capped by a 6 % annual rise during the past 10 years, far exceeding inflation or growth in any other economic sector. The introduction of anti-vascular endothelial growth factor (VEGF) therapy for neovascular AMD has led to a dramatic increase in the cost of ophthalmic drug use, such that it now represents a full one-sixth of the Medicare Part B drug budget.

As a result, we are increasingly being asked to demonstrate the value of our care, particularly when a new treatment is introduced. Specifically, one achieves greater value in healthcare by demonstrating better quality, or better outcomes, at a lower cost. Analyses such as the one discussed in the article entitled "Cost-effectiveness in the Treatment of Glaucoma" are becoming essential complements to daily decision-making. In conditions such as cataract, glaucoma, and AMD, where the number of affected patients is increasing as our population ages, ophthalmologists increasingly are facing a new economic reality of payment changes that could lead to precipitous declines in healthcare revenues.

We are fortunate to practice a specialty that truly provides incredible benefits to our patients. However, we must not take the value we provide for granted. We must remember the value proposition every day and strive both to improve our outcomes, while also attempting to reduce our costs.

US Ophthalmic Review would like to take this opportunity to thank all participants on this edition, from organizations to individuals. A special thanks goes to our editorial board for their continuing support and invaluable guidance and the biggest thanks are reserved for the expert authors, who spared precious time and effort to produce a perceptive selection of articles. This expert discussion and the wide variety of topics covered ensure there is much of interest for every reader and we hope you find this edition as useful and insightful as those before it. ■