

# Academy Notebook

NEWS • TIPS • RESOURCES

## What's Happening

### 2009 Mid-Year Forum

In April, more than 460 Eye M.D.s gathered in Washington, D.C., to question regulators, legislators and Academy leaders about some of ophthalmology's most critical issues. Topics discussed include:

**Physicians First—A Team Approach to Primary Eye Care.** In the face of a doubling of the demands for primary eye care in the not too distant future, ophthalmology has the opportunity to make changes in order to preserve quality care and the profession's leadership role. This session discussed different practice models with new data that revenue is enhanced with the addition of technicians, optometrists and optical shops to the practice.

**No More Free Lunch: The Ethics of Physician Relationships With Industry.** Physicians and industry share common goals in developing and testing new products, procedures and devices to advance medical and surgical care. At the same time, members face physician-industry relation-



**GETTING YOUNG OPHTHALMOLOGISTS INVOLVED.** The Academy's Advocacy Ambassador program plays an important role for young ophthalmologists. During this year's Congressional Advocacy Day, program participants instructed members in training on critical issues in medicine as well as the importance of membership in their state ophthalmology and subspecialty societies. From left to right: Arusha Gupta, MD, and Nikola Ragusa, MD, sponsored by the New York State Ophthalmological Society; Sanjay R. Kedhar, MD, member of the Academy's Young Ophthalmologist committee; Heather Lerner, health liaison for the office of Sen. Kristen Gillibrand (D-N.Y.); Julie Kim, MD, sponsored by New York Eye and Ear Infirmary and member of the Young Ophthalmologist Advocacy subcommittee; and Christopher I. Zoumalan, MD, sponsored by the American Society of Ophthalmic Plastic and Reconstructive Surgery.

ship dilemmas every day; through education and understanding, the integrity of these essential and interdependent relationships can be preserved and enhanced.

This session took a look at the Pharmaceutical Research and Manufacturers of America's revised Code on Interactions with Healthcare Professionals (effective Jan. 2009) and the Advanced Medical Technol-

ogy Association's Code of Ethics (adopted Sept. 2003, effective July 2009) in relation to Academy members' professional relationships with industry. Also examined were the changes to industry-sponsored CME and the proposed Sunshine Act of 2009.

**Making Your Office Electronic: How to Avoid the Short Circuits.** The new Obama administration has

## CONTENTS

55 What's Happening

56 FYI

58 Academy Store

58 Members At Large

57 Washington Report

### VALUE-BASED PURCHASING:

Recent legislation requires CMS to transition to this type of program for Medicare payments.

proposed a booster shot for health information technology, marshalling its potential to reduce health care costs and improve quality and access to information.

This session examined how to successfully integrate these technologies and tools into your practice without running into roadblocks and productivity drains. Speakers addressed tips for initiating e-prescribing, implementing electronic health records and participating in CMS payment incentives.

*For more on the Mid-Year Forum, go to [www.aao.org/myf](http://www.aao.org/myf). To access a Mid-Year Forum podcast featuring ways to increase efficiencies through integrated eye care practices, visit [www.aao.org/efficiency](http://www.aao.org/efficiency).*



**LEGISLATOR HONORED.** During this year's Mid-Year Forum, the Academy presented its Visionary Award to Sen. Christopher Bond (R-Mo.), sponsor of the Vision Care for Kids Act. From left to right: Melissa G. Cable, MD, Sen. Bond, Nancy M. Holekamp, MD, and David E. Vollman, MD.

**Award Presentations**

Two awards were given in conjunction with this year's Mid-Year Forum.

On April 23, the Academy presented its first EyeSmart Distinguished Service Award to Norm Abram. The award honors Mr. Abram, master carpenter of the PBS series *This Old House* and host of *The New Yankee Workshop*, for his commitment to safety and the prevention of eye injuries. "I'm honored to be receiving the EyeSmart Award," said Mr. Abram. "Eye safety is an important message that should be taught to everyone regardless of their skill level before beginning any project around the home or in the workshop."

The Academy presents its annual Visionary Award to a select group or member of Congress for their leadership on issues of importance to the profession of ophthalmology. This year, Sen. Christopher Bond (R-Mo.) was honored for his sponsorship of the Vision Care for Kids Act. This piece of legislation aims to improve children's vision by providing follow-up care needed

after being identified with a potential vision problem by a comprehensive eye exam or vision screening.



**EyeSmart Campaign Offers Interactive Feature**

Since February, EyeSmart, the Academy's public awareness campaign, has offered a new feature on its Web site called "Ask an Eye M.D." Using this interactive question-and-answer service, patients can submit their medical questions online. Academy volunteers then provide answers to a selection of the submitted questions each week.

For more information, visit [www.geteyesmart.org/ask](http://www.geteyesmart.org/ask). To learn about free promotional resources developed as part of the EyeSmart campaign, visit [www.aaopt.org/eyesmartcampaign](http://www.aaopt.org/eyesmartcampaign).

**Volunteer for EyeCare America**

Over the course of two decades, EyeCare America has

helped more than 1 million people by providing them with sight-saving resources and care. Even if you are retired, you can still support the worthwhile cause of preventing avoidable blindness by spreading the word about EyeCare America in your community.

As promotional or media representatives, retired ophthalmologists can provide a tremendous service to EyeCare America by:

- speaking with their local newspaper, radio or television station about EyeCare America programs,
- distributing information at health fairs, senior centers or other community organizations or
- giving presentations to local groups about the importance of eye health and the availability of eye exams and free eye health information offered by EyeCare America.

For more information, visit [www.eyecareamerica.org](http://www.eyecareamerica.org) and click "How to Help."

**Did You Know?**

All Academy members receive a free listing in the

Find an Eye M.D. online directory located on the Academy's Web site. Colleagues and potential patients can easily find you by last name, subspecialty, city, zip code or country. Your listing features practice contact information, education, residency, fellowship and certification background, and any teaching positions. You also can list additional information that can be accessed only by other Academy members, including your e-mail address, Academy committee and state society memberships, and awards you have received.

To use the directory, visit [www.aaopt.org/find\\_eyemd.cfm](http://www.aaopt.org/find_eyemd.cfm).

**Participate in the Benchmarking Survey**

Data from fiscal year 2008 are now being accepted from private practices for this year's Academy/AAOE benchmarking survey. Last year, 170 data sets were approved for inclusion, resulting in the largest and most current sampling of ophthalmology practice data available. June 30 is the last



**EYE SAFETY HONOR.** Norm Abram is the first honoree of the EyeSmart Distinguished Service Award. The award was presented on behalf of the Academy by David W. Parke II, MD, executive vice president and CEO, in the office of Rep. Michael E. Capuano (D-Mass.), a longtime supporter of eye health issues. From left to right: Rep. Capuano, Mr. Abram and Dr. Parke.



day to submit 2008 data.

For more information or to participate, visit [www.aao.org/benchmarking](http://www.aao.org/benchmarking).

### Customizable Learning Plans

The Learning Plan tool on the Ophthalmic News and Education (O.N.E.) Network provides Academy members with a unique way to maintain skills and ensure lifelong learning. It can be used to:

- create custom plans for any topic and add Academy or other resources to support targeted learning.
- stay on schedule with automated reminders that let you know when your Learning Plan activities are overdue.
- complete an online self-assessment. And to aid in remediation, the O.N.E. Network will suggest new activities and topics.

To get started, click on the “Learning Plan” link at [www.aao.org/one](http://www.aao.org/one).

### Ask the Ethicist: Multifocal Lenses

**Q:** What are an ophthalmologist’s ethical responsibilities in the management of a patient’s expectations in cataract surgery with premium presbyopic IOLs?

**A:** Appropriate ethical management of a patient candidate includes a thor-

ough preoperative evaluation of eye health as well as an assessment of the patient’s daily activities and visual needs. And patients should be thoroughly educated about the optical limitations and side effects of this group of lenses. Although patient counselors and ancillary educational materials such as pamphlets and videos are helpful, the surgeon must personally counsel the patient to ensure adequate appreciation of the options and limitations. The patient also should have a clear preoperative understanding of all costs, including who will cover the cost of additional surgery—such as IOL exchange or laser enhancements.

Marketing by both IOL companies and ophthalmology practices has caused some patients to believe that presbyopia-correcting IOLs will enable them to see without glasses both at distance and near following cataract surgery. In fact, many patients now come to ophthalmologists’ offices requesting that a specific IOL be utilized in their surgery, fully expecting to be able to see sharply over a wide range of distances postoperatively.

Because the ophthalmologist is able to make a substantial profit from

## WASHINGTON REPORT

### Medicare Moves Toward Value Purchasing

This year, health care reform will continue to move Medicare toward a system CMS refers to as value-based purchasing. There is consensus among congressional leaders and policymakers that the Medicare program can no longer sustain a payment system that only rewards physicians for doing more. Growing health care costs and significant variations in quality of care have contributed to the urgency of a solution.

A budget resolution passed in the House calls for a long-awaited sustainable growth rate fix that wipes out the over 40 percent in payment cuts physicians are scheduled for—replacing it with a system that “holds providers accountable for utilization and quality . . . [and] changes incentives to encourage efficiency.”

A few years ago, CMS took some initial steps toward value-based purchasing under the term “pay for performance.” Value-based purchasing is defined as combining information on the quality of health care—including patient outcomes and health status—with data on the dollar outlays going toward health. It focuses on managing the use of the health care system to reduce inappropriate care and to identify and reward those who they deem to be the best-performing providers. This is in contrast with more limited efforts to directly lower or limit payments for services, which reduce costs but do little to ensure that quality of care is improved.

Legislation passed in 2008 requires CMS to develop a plan to transition to a value-based purchasing program for Medicare payment for physicians and other professional services. The secretary of Health and Human Services must submit the plan to Congress by May 1, 2010. Sen. Max Baucus (D-Mont.), chairman of the Senate Committee on Finance, strongly supports the concept and released an outline of how Medicare can increase the value of its services to beneficiaries.

CMS recently provided Congress with an update on current and new value-based initiatives that it hopes to expand. Current value-based purchasing components include the Physician Quality Reporting Initiative and incentives for e-prescribing. Initiatives still in the pilot or demonstration phase include the following:

- Bundled payment systems.
- Resource-use measurement and reporting based on episodes of care for a given disease.
- Care coordination through entities such as medical homes and accountable care organizations.

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implanting these lenses, he or she becomes inherently conflicted regarding the advisability of recommending such a lens in a given patient. In this setting, as in all interactions with patients, the ethical premise that must be followed is always to place the best interests of the patient first, ahead of all other considerations or conflicts.

Some surgeons do not use some or all of these lenses by choice. Nevertheless, it is judicious for surgeons to discuss these lens options with all patients contemplating cataract surgery, explaining to the patient why these lenses are recommended or are not advised for them. In certain cases, it may be necessary to refer the patient to a different ophthalmologist who offers the best lens for that patient.

In general, by abiding by the golden rule of medicine, “do unto your patient as you would like your doctor to do unto you,” surgeons will avoid being inappropriately influenced by the economic conflicts surrounding presbyopia-correcting IOLs.

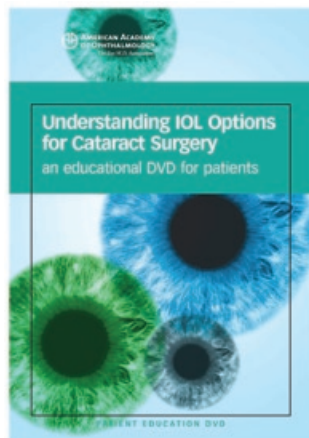
For more information, visit [www.aaopt.org/about](http://www.aaopt.org/about) and click “Ethics.” To submit a question for this column, contact the Ethics Committee staff at [ethics@aaopt.org](mailto:ethics@aaopt.org).

### Academy Exhibit at SOE

If your plans take you to the European Society of Ophthalmology (SOE) meeting

in Amsterdam from June 13 to 16, be sure to stop by the Academy’s booth (#1002) to see the latest products from the Academy and learn about membership.

## Academy Store



### A New DVD Covers the IOL Options for Cataract Surgery

*Understanding IOL Options for Cataract Surgery* (#050120) is a new patient education DVD that discusses the different types of IOLs on the market—monofocal, multifocal and accommodative—and the role that each plays in providing clearer vision.

It features real patients talking about their experiences as well as animations showing how IOLs are implanted and how they affect vision. The DVD includes an Aid to Informed Consent chapter as well as a Spanish-language option.

This DVD is \$225 for members and \$295 for non-members.

To view a clip and order online, visit [www.aaopt.org/patienteddvs](http://www.aaopt.org/patienteddvs).

### 2009–2010 BCSC Now Available for Advance Order

The new edition of the *Basic and Clinical Science Course* is now available for advance order.

Three sections have undergone major revision:

- **Section 2: Fundamentals and Principles of Ophthalmology** (#02800029)
- **Section 3: Clinical Optics** (#02800039)
- **Section 5: Neuro-Ophthalmology** (#02800059)

Order the complete set.

An order for the complete set (#02800959) of BCSC includes 13 print volumes plus the *Master Index*. It costs \$749 for members and \$1,009 for nonmembers.

CD-ROM. The 2009–2010 BCSC series is also available on CD-ROM (#02820009), which offers the same content as the 13 print sections, including more than 5,000 pages and 3,000 images. The CD-ROM features the ability to highlight text, write notes and bookmark important sections. It costs \$685 for

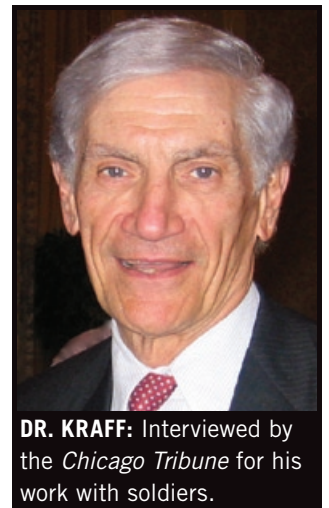


members and \$982 for non-members.

CME. Each of the 13 BCSC volumes provides up to either 30 or 40 AMA PRA Category 1 CME credits. CME credit is also offered for the CD-ROM.

To find out more about pricing, visit [www.aaopt.org/bcsc](http://www.aaopt.org/bcsc). Orders ship June 18.

## Members At Large



**DR. KRAFF:** Interviewed by the *Chicago Tribune* for his work with soldiers.

### People

Manus C. Kraff, MD, was interviewed by the *Chicago Tribune* for a March 20 story on his work with soldiers serving in Iraq and Afghanistan. Dr. Kraff has been in practice for more than 40 years and has been providing free eye surgeries to troops since 2005. “It’s one thing to say, ‘support our troops.’ But what does that mean?” asked Dr. Kraff.

*USA Today* interviewed George A. Williams, MD, for a March 22 story on blindness due to age-related macular degeneration. “This can happen in people who are otherwise healthy and active,” said Dr. Williams.

## Academy Store

To order products from the Academy Store, visit [www.aaopt.org/store](http://www.aaopt.org/store) or phone the Academy Service Center at 866-561-8558 (toll-free in the United States) or 415-561-8540.