

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

■ New Editor-in-Chief for *Ophthalmology*

George B. Bartley, MD, of the Mayo Clinic in Rochester, Minn., will take the helm at *Ophthalmology* in January, succeeding Andrew P. Schachat, MD. Dr. Schachat has been editor-in-chief since 2003.

The Academy Board of Trustees selected the *Ophthalmology* editor-designate following an open call for nominations from all Academy members. Nine candidates were reviewed, and four finalists were interviewed.

Dr. Bartley has served on the editorial boards of *Ophthalmology*, the *American Journal of Ophthalmology*, and the *Archives of Ophthalmology*, as well as editor-in-chief of *Ophthalmic Plastic and Reconstructive Surgery*. He is the Krueger Professor of Ophthalmology at Mayo Clinic and the Chief Executive Officer Emeritus of Mayo Clinic Florida. Additionally, Dr. Bartley is an emeritus director of the American Board of Ophthalmology and a former councilor for the American Ophthalmological Society.

EyeNet spoke with Dr. Bartley about his new role.

Q. What is your goal for the journal?

A. In a word: service. A medical journal's ultimate goal should be to serve society by introducing new, credible, and applicable information

and knowledge to practitioners and researchers. *Ophthalmology's* enviable position as the highest-impact journal in our specialty is a testament to the superb service of Dr. Schachat, the editorial board, and the editorial office. My goal is to maintain and enhance such service—to our authors, readers, and to the Academy—while addressing the challenges and opportunities before us.

Q. Such as?

A. It seems inevitable that scientific publications will transition their emphasis to digital versions during the next decade, especially if tablet computers are able to provide the high image quality that we require in ophthalmology. In the meantime, we need to manage the operational and financial challenges of the hybrid environment successfully.

As regards opportunities, *Ophthalmology* has the unique advantage of its association with the Academy. The global ONE Network and the Academy's many complementary educational resources allow the journal to devote its pages to scientific investigations.

Q. What are you most looking forward to as editor-in-chief?

A. Returning to my roots. I've been blessed with an exceptionally interest-



Dr. Bartley (above), steps in as editor-in-chief this January, as Dr. Schachat (left), ends a successful 10-year term.

ing career that has taken me far from ophthalmology. It's a great privilege at this point in life to have the opportunity to "give back" in a meaningful way.

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TAKE NOTICE

■ Ask the Ethicist: How to Submit an Expert Witness Testimony Challenge

Q: I just prevailed in a lawsuit in which an ophthalmologist offered expert testimony against me. His testimony was not scientific, and he could not substantiate his opinion with peer-reviewed literature. His comments about standard of care simply did not hold water. How can I submit this matter for an Ethics Committee review?

A: In this case, it appears as if personal opinion may have trumped objective medical knowledge, which would potentially be in violation of the Academy Code of Ethics. Rule 16 of the code requires that “Expert testimony should be provided in an objective manner using medical knowledge to form expert medical opinions.”

To submit a challenge to an expert witness testimony, go to www.aao.org/ethics and select “How to Submit.” Be sure to use the Expert Witness Testimony submission form, sign it, and send a hard copy to the Ethics Committee. If you have large volumes of supporting documentation, please submit it electronically.

Upon receiving the challenge, the Ethics Committee makes an initial review to assess whether an allegation might be actionable. If the committee believes the case warrants further investigation, the submitted materials are forwarded to the challenged Fellow or Member, and a response to the submitter’s allegations is requested. If the challenge cannot be resolved via collegial correspondence, the Ethics Committee may elect to hold a private adjudicative hearing involving all par-

■ ONE SPOTLIGHT: Expert Demos on Video. Watch as experts discuss and demonstrate a variety of ophthalmic procedures.

The Ophthalmic News and Education (ONE) Network’s video collection covers topics relevant to both the comprehensive and specialized ophthalmologist and is a great way to learn on your own schedule. At

the time of press, recently added titles include:

- Unveiling the Bag Matrix
- Evidence of a Check-Valve Mechanism by the Anterior Hyaloid Membrane
- The Many Faces of the Anterior Vitreous

Over 100 video titles are now viewable across all platforms, including iOS.

To watch, visit www.aao.org/one and click on “Videos and Podcasts” under “Educational Content.” All these videos are a free Academy member benefit.



ties in the case. Details of the adjudicative and hearing processes are set forth in the administrative procedures of the Code of Ethics.

It’s important to note that the Ethics Committee must exercise utmost objectivity at all times—starting when its members carefully screen each expert witness testimony challenge submitted for review. The screening process eliminates those challenges that, when viewed in the context of the full testimony, do not provide sufficient material on which to build a robust case. This screening process is crucial because cases involving expert testimony entail painstaking review of voluminous documentation and are oftentimes extremely nuanced and emotionally charged, re-

quiring significant time and effort of the committee’s physician-volunteers.

Physician-submitters should be aware that the committee may require their help in preparing the case and that Rule 16 of the Code of Ethics, “Expert Testimony,” became effective on Jan. 1, 2004; thus, only testimony given on or after that date is actionable.

For more information or to submit a question, contact the Ethics Committee staff at ethics@aaao.org. To read the Code of Ethics, visit www.aao.org/ethics and select “Code of Ethics.” For additional information about expert witness testimony in the medical profession, go to www.aao.org/about/ethics/articles.cfm.

■ **MUSEUM: THIS MONTH IN OPHTHALMIC HISTORY.** In the 1870s and 1880s, Russian ophthalmologist **L. L. Zamenhof, MD**, created the universal language Esperanto to foster harmony between people from different countries. In July 1887, Dr. Zamenhof published *Lingvo Internacia*, a dictionary and grammar book for Esperanto.

For more historical facts on ophthalmology and ophthalmologists, visit www.museumofvision.org.



■ Provide CME Activities With Help From CME Central

If you are part of a group practice aiming to provide CME for its physicians, visit the Academy’s CME Central for tools to make the process easier. At CME Central, you can find information about collaborating with the Academy through CME joint sponsorship or view guidelines for planning an activity on your own. Our CME team can help you provide

high-quality, relevant CME.

For joint sponsorship, the Academy has redesigned its online portal to offer the following features:

- Easy document uploading and tracking
- Step-by-step instructions and sample forms
- Guidance and support through each planning phase

For general CME planning, the Academy provides guidance on:

- Learning objectives
- Financial disclosure, conflict of interest, and bias
- Gap analysis and needs assessments

To learn more, visit www.aao.org/CME.

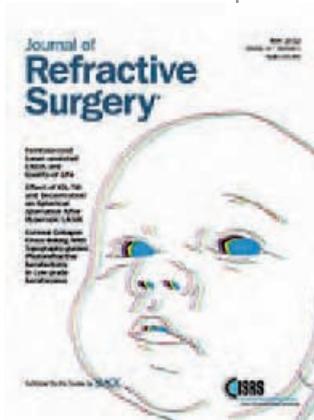
■ Journal Promises Authors a Quick Turnaround

The *Journal of Refractive Surgery* (the peer-reviewed publication of the International Society of Refractive Surgery, which partners with the Academy) has greatly reduced its turnaround time for publishing articles. The period between acceptance and published form is now less than a month. In other words, an article accepted today will appear in the next print issue available.

Subscribers and members may also view online advance releases on the journal's website before they appear in print.

The number of manuscripts submitted to the journal is at an all-time high, according to Editor-in-Chief J. Bradley Randleman, MD. "This is exciting news," he said. "We welcome new submissions with the promise of swift publication."

The journal features the most recent advances and theories related to corneal refractive surgery and lens-based surgical procedures. Submit an article by visiting the website at www.healio.com/journals.



D.C. REPORT: CMS Launches ASC Quality Reporting Program

In 2012, ambulatory surgical centers (ASCs) will be required for the first time to report on a set of quality measures to the Centers for Medicare & Medicaid Services (CMS) or risk a 2 percent reduction in their Medicare payments in 2014. Implementation of this ASC quality reporting program is significant for the 70 percent of ophthalmologists who perform various services in an ASC setting. The Academy secured several changes to the CMS program to facilitate successful participation by ophthalmic ASCs, including a significant delay in the start date to Oct. 1.

CMS has gradually phased in quality reporting programs for hospitals, physicians, and other providers over the past several years as part of its move toward "value-based purchasing" in the Medicare program. Although CMS has had the authority to require ASCs to report on quality measures since passage of the health care reform law in 2010, CMS first proposed expanding the reporting requirement last summer when it released the 2012 payment rule for hospital outpatient departments and ASCs. ASC quality data will eventually be available to all Medicare patients through a public website.

Unlike other Medicare value-based purchasing initiatives, such as the Physician Quality Reporting System, there are no incentives for early adopters in the ASC quality reporting program. CMS will immediately impose a 2 percent cut in 2014 on any ASC that does not successfully report data in 2012. This leaves ophthalmic ASCs with little time to become familiar with the requirements of the new program before failure to comply has a significant impact on their payments.

The Academy, the American Society of Cataract and Refractive Surgery, and the Outpatient Ophthalmic Surgery Society have advocated that CMS adopt a gradual path to quality reporting for ASCs, just as it has for physicians. The group's efforts were successful in delaying the start of the program. To avoid the 2 percent penalty, ophthalmic ASCs must use a safe-surgery checklist for at least a portion of the 2012 calendar year and have a mechanism to track their total procedure volume. Beginning Oct. 1, ASCs will also need to report on a set of claims-based measures. CMS finalized the following measures:

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous Antibiotic Timing

The specific measure requirements are detailed in CMS's *Ambulatory Surgery Center Quality Reporting Program: Quality Measures Specifications Manual*, which is available on www.aao.org/advocacy/reimbursement (click on ASC Payment) and www.qualitynet.org (click on the ASCs tab). CMS will update the manual as needed leading up to Oct. 1.

CMS has proposed that any ophthalmic ASC that reports these measures correctly 50 percent of the time will avoid the 2 percent penalty. At the urging of the Academy, CMS also proposed the following:

- 1) a waiver process for ASCs that experience unforeseen circumstances that prevent them from reporting quality data and
- 2) an appeals process for ASCs that believe they have been unfairly penalized.

The program requirements will be finalized later this month. The Academy will continue to work with CMS to ensure that the requirements of the ASC quality reporting program are applicable to ophthalmic ASCs and that ASCs are not unfairly penalized under the program.

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ACADEMY STORE

■ Enhance Staff Knowledge With Self-Study Course

The Academy's self-study training program for ophthalmic allied health professionals has been updated. *Ophthalmic Medical Assisting: An Independent Study Course* includes an illustrated textbook (#0211215) that describes 44 common procedures step-by-step, and new chapters on ocular motility, low vision, and community health eye care. An online exam (#0211225V) allows the test taker to easily assess competencies and areas for improvement.

The textbook is \$110, the online exam is \$68, and a kit with both items

(#0211205V) is \$150. Note that prices are the same for members and non-members.

Find out more about this program and other allied health training materials at www.aao.org/store.

■ Educate Patients Using Eye Images

Use animations and images about eye conditions, treatment options, and risks during patient consultations. This will enhance patients' understanding and recall of what you told them; documenting this will also strengthen your risk management process. In addition to using images for chairside education, add them to

your handouts and presentations, and post them on your website. They are now available with iPad, iPhone, and iTunes files.

Digital-Eyes Ophthalmic Animations for Patients Subscription (#digitaleyes) is \$280 a year for members and \$378 a year for nonmembers. *Image Collection* (#0240392) is \$49 for three months for members and \$63 for three months for nonmembers.

TO ORDER PRODUCTS FROM THE ACADEMY STORE, visit www.aao.org/store or phone the Academy Service Center at 866-561-8558 (toll-free in the United States) or 415-561-8540.

MEMBERS AT LARGE

■ YO's Inspired by 2012 Mid-Year Forum

In April, more than 130 members in training were sponsored by state societies, subspecialty and specialized interest societies, and training programs to attend the 2012 Mid-Year Forum and Advocacy Day via the Academy's Advocacy Ambassador Program. After the visit to D.C., many participants in the Ambassador Program returned home keen to press ophthalmology's case in their state capitols. **Josh Mali, MD**, talked about the D.C. Advocacy Day to his fellow residents during grand rounds: "Everyone enjoyed my presentation very much and became very enthusiastic about the NYSOS state legislative day in Albany that was coming up on May 15. ... This experience truly has built a strong foundation on which I will continue to advocate for our rights throughout my career."

■ People

On May 12, **Thomas C. Lee, MD**, received the Ellis Island Medal of Honor from the National Ethnic Coalition of Organizations.

Dr. Lee has made many contributions to preventing blindness in children across the globe. These include establishing a telemedicine program for pediatric patient screening and



MID-YEAR FORUM AND ADVOCACY DAY. Pictured are a contingent of Alabama Eye M.D.s, including Advocacy Ambassadors **Lindsay Rhodes, MD** (center left, in the tan suit), and **Mark Hill, MD** (center, in yellow tie), meeting with Rep. Martha Roby (R-Ala., far left).

monitoring through the Armenian Eye Care Project; spearheading the use of spectral-domain optical coherence tomography to detect eye disease at very early stages; and pioneering the use of an intraocular endoscope for pediatric retinal detachments. Dr. Lee's many accomplishments demonstrate his dedication to minimizing loss of sight in children with preventable eye diseases. He said, "We need to tear down barriers that are based on religious beliefs, wars, and cultural disagreements to serve the same mission, and that is to create a better life for our children."

Jim Mazzo will be retiring from Abbott Medical Optics (AMO) at the end of this year. He will be succeeded

by **Murthy Simhambhatla**, of Abbott Corporate. They will be working together for the next few months to ensure a smooth transition to AMO.

■ Who's in the News

Jonathan Talamo, MD, was interviewed by Fox 25 News (Boston) for a May 17 segment on corneal collagen cross-linking (CXL) clinical trials for the treatment of keratoconus.

Dr. Talamo said he hopes that CXL will become the future standard of care for keratoconus. He stated, "What's really exciting about this is there has been no treatment to this point ... that actually stopped the progression of the disease."