



**Ore-ofe Adesina, MD**  
**The North American Neuro-Ophthalmology Society**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Sight for Sore Eyes and Out of the Blindspot Podcasts*

**Purpose:** There is a real need to increase diversity within Ophthalmology in general and Neuro-Ophthalmology (NO) specifically as well as raise awareness of the pipeline and sustainability issues facing the latter. Within ophthalmology, individuals underrepresented in medicine (URiMs) currently make up only 6% of practicing ophthalmologists, 6.3% of ophthalmology trainees, and < 6% of ophthalmology faculty. The most recent 2023 NANOS member survey identified only 24 individuals who self-identify as African Americans out of about 500 actively practicing Neuro-ophthalmologists in North America. There appears to be an issue of access to and representation in our specialty for URiMs, which leads to disparities in healthcare access for marginalized patients as URiMs tend to practice in their home communities that are typically lacking in subspecialty care. The disparities of access to healthcare and the dearth of minority health care providers are problems that will take purposeful, consistent, well organized, and collaborative effort to bring about real change. The purpose of this project is to give a voice to and platform for URiMs in ophthalmology to promote diversity in our specialty, and to highlight and promoting the specialty Neuro-ophthalmology, which is at risk of not being able to maintain an appropriate number of practitioners to care for patients with neuro-ophthalmic disease.

**Methods:** The creation of podcasts through available podcast media and distribution. The episodes consist of interviews with leaders in the field of DEI in ophthalmology and in Neuro-ophthalmology to highlight topics germane to the issues ophthalmology is facing with respect to diversifying its workforce to improve patient care and to highlight the value and importance and uniqueness of NO to patients, healthcare, and society as a whole. Sight for Sore Eyes (SFSE) addresses issues of diversity, equity, and inclusion in the field of ophthalmology and is published every two weeks. Out of the Blindspot (OOTBS) discusses all things NO and is published monthly. Both podcasts are available on Apple Podcasts, Spotify, Amazon Music and iHeart Radio. The intended audience is the public at large with special emphasis on ophthalmologists (practicing and trainees) and medical school trainees.

**Results:** To date, 15 episodes of SFSE have been published and it has received 849 downloads since February 5, 2023. The 6 published episodes of OOTBS have received 448 downloads since March 25, 2023. Feedback so far has been positive with SFSE receiving a 4.9/5-star review (9 reviews total) and OOTBS receiving 5/5 stars (5 reviews total). The SFSE podcast is featured as a resource on the AAOs Diversity, Equity, Inclusion and Accessibility News and Blogposts and as a DEI resource on nanosweb.org. The OOTBS podcast is featured as a resource in the monthly NANOS Spotlight society newsletter.

**Conclusion:** It appears that the podcasts are reaching their intended audiences based on the number of downloads and the feedback that has been received thus far from listeners. It has yet to be seen if there is any effect of the podcasts on the number of URiMs inspired to pursue careers in ophthalmology, on patient care outcomes or on the number of medical students and residents entering the field of neuro-ophthalmology. More episodes are in the works and we will continue to work on promoting the podcasts to wider audiences.



**Grayson W. Armstrong, MD, MPH**  
**Massachusetts Society of Eye Physicians and Surgeons**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Ophthalmic Telemedicine Education and Viability*

**Purpose:** To develop and distribute educational curricular materials to train ophthalmologists in the use of ophthalmic telemedicine with the aim of improving patient access to care, increase physician confidence in conducting virtual visits, and reduce disparities in access to ophthalmology services amongst underserved communities. This was driven by research through the Massachusetts Society of Eye Physicians and Surgeons (MSEPS) showing that ophthalmologists found virtual eye examination skills to be a significant barrier to virtual care during the Covid-19 pandemic, and our work showing ophthalmic telemedicine was less accessible to patients in historically marginalized groups, such as Blacks, non-English speakers, those with lower levels of education, and patients of older age.<sup>1</sup>

**Methods:** (1) An IRB-approved survey assessing telemedicine utilization and readiness was distributed to MSEPS members during the Covid-19 pandemic. (2) An ophthalmic telemedicine curriculum was subsequently developed to educate eye physicians on various models of telemedicine, clinical eye exam skills for virtual care, ethical implications of telemedicine, and impact of telemedicine on health disparities. (3) Impact of the survey was assessed via an IRB-approved pre- and post-survey after curriculum implementation at Massachusetts Eye & Ear (MEE). (4) The curriculum was subsequently reviewed by the AAO Resident Education Committee for consideration of distribution to US ophthalmology trainees.

**Results:** (1) 93.1% of respondents identified difficulty with the ophthalmic exam as the largest barrier to virtual care, with 53.8% desiring education on this topic. As a result, (2) a three-hour comprehensive ophthalmic telemedicine curriculum was created and implemented amongst Massachusetts Eye & Ear ophthalmology residents. (3) Based on pre- and post-test results, resident confidence and self-reported knowledge significantly increased amongst all logistical and clinical components of virtual ophthalmic care.<sup>2</sup> (4) The curriculum was subsequently approved for distribution to trainees nationwide as a web-based Resident Education Course by the AAO Resident Education Committee. Examining ratios of Medicaid to Medicare in each state, there was a statistically significant difference between each of the two exam codes, 99213 and 92004, and 67311. Compared to KFF data, there was a statistically significant difference between 99213 and KFF data. Seven states have pediatric enhanced rates for 99213, while 4-5 states have pediatric enhanced rates for 92004 and 67311. A few states have maintained Medicare parity, possibly related to geographic cost-of-practice variations in Medicare rates. Several states have achieved some degree of Medicare parity more recently, or are on track to improving Medicaid rates, primarily through budgetary decisions which are subject to change.

**Conclusion:** During the Covid-19 pandemic, virtual care was used across all fields of medicine to reduce the risk of viral transmission. However, ophthalmology was the least prepared to conduct telemedical care, leaving many patients without needed eye care services.<sup>3</sup> We therefore created an ophthalmic telemedicine curriculum, which was found to have beneficial effects on ophthalmology resident knowledge and confidence in conducting telemedical visits. This will be made available to ophthalmology residents nationwide through the AAO Resident Education Committee. Educating ophthalmologists to conduct high-quality telemedical visits via formal curricular development and distribution has the potential to improve patient access to eye care services, increase physician confidence in conducting virtual visits, and reduce disparities in access to ophthalmology services amongst underserved communities.

**Grayson W. Armstrong, MD, MPH**

*Ophthalmic Telemedicine Education and Viability*

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**Barton L. Blackorby, MD**  
**Society of Military Ophthalmologists**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Improving the readiness of military ophthalmologists for deployment*

**Purpose:** In addition to basic military skills, military ophthalmologists must perform six individual critical task lists (ICTLs) every year to ensure they can perform all aspects of ophthalmic care to the battlefield casualty while in a deployed environment. These ICTLs include management of an open globe, enucleation, repair of an eyelid laceration, treatment of a hyphema, tap and inject, tarsorrhaphy, and canthotomy/canthalysis. Most ophthalmologists do not perform all of these ICTLs every year due to their patient populations and thus may lack critical skills necessary to deploy at a moment's notice. A tri-service military ocular trauma course is offered every spring at Walter Reed, but it is difficult for providers to get approval from their local commands and take time away from their clinics to attend. In contrast, funding for AAO is typically approved as it provides the military ophthalmologists an opportunity to gain CME and network at the annual Society of Military Ophthalmologists meeting. Currently there is a course and wet lab provided at the AAO annual conference, and staffed by military ophthalmologists, that focuses on ocular trauma with the lab focused on the repair of open globes. This project would expand this course and wet lab to cover all ICTLs and allow all military ophthalmologists an opportunity to be current on their ICTL requirements. This will directly increase the availability and readiness of military ophthalmologists for deployment.

Additionally, this expanded course will be offered to civilian ophthalmologists to allow for an increase in trauma training in the civilian community. Future collaboration with the American Society of Ophthalmic Trauma may allow for additional avenues at which this can be taught and a certification route for management of ocular trauma.

**Methods:** The AAO course "Military Perspectives on Ophthalmic Trauma" will be revised to provide a 1-hour lecture on the required ICTLs and the two-hour wet lab will expand the hands on experience to cover all of the ICTL tasks. The wet lab will utilize a cow/pig eye and adnexa model along with the instruments already at the disposal of the course. Only a few additional instruments will be required which will allow for the admission fee to remain relatively unchanged from prior years.

**Results:** The data reflecting current ICTL status for active-duty military ophthalmologists is being collected now and will be compared to future years. The data is expected to show an increase in military ophthalmologist attendance to AAO and increase in those able to deploy by being up-to-date on their ICTL tasks.

**Conclusion:** An expanded trauma course at AAO directly benefits military ophthalmologists, the US military, and civilian partners interested in trauma through annual re-training of essential trauma skills.



**Timothy Daley, MD**  
**Iowa Academy of Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Improving Medical Insurance Coverage of Children’s Eyeglasses*

**Purpose:** This project aims to enhance medical insurance coverage for children diagnosed with amblyopia, a condition commonly known as “lazy eye,” by advocating for eyeglasses to be considered durable medical equipment. This project employs a comprehensive approach involving stakeholder engagement, policy advocacy, and a pilot program to address the limited access to essential eyewear for amblyopia treatment. By engaging with medical insurance board members and local optical shops, this initiative seeks to promote a sustainable solution that benefits both affected children and the healthcare system.

**Methods:**

1. Stakeholder Engagement: The project involves collaborative meetings with medical insurance board members and representatives from local optical shops. Discussions focus on the medical necessity of eyeglasses for amblyopia treatment and explore the benefits of extending coverage to include them.
2. Policy Advocacy: Through evidence-based research and data, the project demonstrates the case for classifying eyeglasses as durable medical equipment. We present findings that highlight the therapeutic impact and life-long benefits of eyeglasses in amblyopia treatment.
3. Optical Shop Buy-In: By leveraging the experience of optical shops in filing glasses prescriptions for post-operative cataract surgery patients, the project seeks buy-in from these establishments. Collaborative efforts aim to establish a mutually beneficial arrangement for optical shops and insurers.
4. Pilot Program: A pilot program is underway to demonstrate the feasibility of the proposed approach. Data collection will continue to assess the effectiveness of the program in improving access and treatment outcomes.

**Results:** The project has successfully engaged with medical insurance board members and local optical shops, garnering support for the initiative. Preliminary discussions indicated openness to reclassify eyeglasses as durable medical equipment for amblyopia treatment. The pilot program is currently underway, with initial feedback indicating increased awareness among patients and families. Further data collection will provide insights into the program’s feasibility and efficacy.

**Conclusion:** Improving medical insurance coverage for children with amblyopia is a multi-faceted project that involves stakeholder collaboration, policy advocacy, and practical implementation. By demonstrating that eyeglasses are essential durable medical equipment for amblyopia treatment, engaging optical shops and conducting a pilot program, this initiative aims to create a sustainable solution that bridges the gap in coverage. Ultimately, the project seeks to enhance access to necessary eyewear, support early intervention, and improve the overall visual health and quality of life for children with amblyopia.



**Rachel Davis, MD**  
**New Mexico Academy of Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *A Green Eye on New Mexico*

**Purpose:** This project has a dual-purpose: 1. to make participation in the state society more appealing by extending our mission beyond political action. 2. To facilitate New Mexico ophthalmologists in contributing to global efforts to reduce medical waste and promote eco-friendly ophthalmology practices.

The impetus for this project is that the New Mexico Academy of Ophthalmology, NMAO, is a small state society with relatively stable membership numbers over the past decade but with poor growth and little member engagement with the community. A project centered around the greening of ophthalmology in New Mexico and reducing medical waste was chosen because it is contemporarily pertinent and has broad appeal to the entire NM community.

**Methods:** There are two parts to this project.

Part 1: A pilot project was developed in conjunction with several medical students from the University of New Mexico School of Medicine to evaluate medical waste in the Eye OR and determine actionable items that could be reduced, eliminated, or reused. A list of 5-8 reusable items which were not used or cleanly used during eye cases, was created. Item number varied depending on its need during a particular case and included things like blue towels, sterile water bowls, irrigation syringes, sterile wrapping materials, and sterile marking pens. These items were placed in the sterile pack bag (also waste) and offered to the patient for re-use at home after the case. Students helped to educate the surgical team and created patient handouts with the help of the UNM Health Literacy to explain the project. Students also applied for an IRB and created a questionnaire that was given to patients, surgical and postoperative care nurses, and participating physicians to gauge their feelings about the project.

Part 2: Students will attend our annual NMAO state society meeting scheduled in the fall of 2023, present their project and offer to sign up other community ophthalmologists to enroll in the project. Their engagement will be featured on our NMAO website to help promote them and their practice as eco-friendly.

**Results:** Patients stated that they were able to find uses for some of the items at home or simply recycled items and that they felt what we were doing was important. Many stated that they were happy to be able to contribute to the effort. Surgeons have commented that keeping medical plastics out of the incinerator was of interest to them and therefore found the project worthy of participation. Scrub nurses stated that the separation of these items was not more work for them once it became routine and used in every case.

Quantitative data from questionnaires are not complete to present here but our goal is to have students present their feedback at the state society meeting in the fall of 2023 and publish results from the anonymous questionnaires. Students benefit from this project by their presence in the OR, engagement with university and community ophthalmologists, and ability to present their results at meetings in the upcoming year. We will not know the outcome of this project's ability to engage state society members until the second half of this project is completed in the fall and winter of 2023.

**Conclusion:** Implementing projects to reduce medical waste are not technically difficult and are qualitatively viewed as positive by patients and participating parties. State societies can use such projects to engage fellow community members such as students, residents, and fellow ophthalmologists in something that is generally viewed positively and as serving a greater mission.



**Lindsey Harris, MD, FACS**  
**Texas Ophthalmological Association**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Restructuring the Texas Ophthalmological Association's EYE-PAC*

**Purpose:** To restructure the Texas Ophthalmological Association's EYE-PAC after its founder and sole leader for decades died during the COVID-19 pandemic.

**Methods:** A Task Force consisting of members of the Texas Ophthalmological Association's leadership and members who had prior experience with the Texas Medical Association's TEXPAC and the American Academy of Ophthalmology's OPHTHPAC was formed. The Task Force recommended new EYE-PAC Bylaws and Operating Rules to the Texas Ophthalmological Association's Executive Council for approval.

**Results:** The Texas Ophthalmological Association's Executive Council approved the new Bylaws and Operating Rules of the Texas Ophthalmological Association's EYE-PAC. A call for nominations for the new EYE-PAC Committee was made to the general membership of the Texas Ophthalmological Association. A new EYE-PAC Committee was appointed. To date, it has participated in three elections (primaries, run-offs, and general elections) and endorsed 61 candidates for the elections in Texas House and Texas Senate. Each candidate received a vote of approval of 75% of the EYE-PAC in order to receive an endorsement and in order to receive a campaign contribution. Of the 61 endorsed candidates, 50 candidates had campaign contribution checks personally delivered by ophthalmologists with the remaining checks delivered by lobbyists.

**Conclusion:** The Texas Ophthalmological Association's EYE-PAC was restructured resulting in more involvement by ophthalmologists in the process of candidate endorsement and campaign contribution delivery.



**Olena Hurzhii, MD**  
**Ukrainian Ophthalmological Society (Ukrainian Society)/**  
**European Society of Ophthalmology (SOE)**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Benchmarking Residency Training Programs in Ukraine, EU countries, India and the USA*

**Purpose:** This project aims to compare ophthalmological residency training programs in Ukraine, EU countries, India, and the USA, showing differences and similarities, while also pinpointing domains within the Ukrainian program that need improvement. An action plan for transformative changes in the Ukrainian ophthalmological residency training program could be further built based on the analysis.

**Methods:** An online questionnaire was designed to compare the residency training programs in the USA, EU, India, and UA. The questionnaire was sent to residents and faculty members of residency training programs. 16 responses were received, including 4 from the USA (Washington, DC; Los Angeles; Boston; Houston, Texas), 4 from EU countries (Denmark, Germany, Slovenia, and Spain), 1 from India, and 7 from Ukraine. Duration of training, the existence of independent practice under supervision, required surgical experience (cataract surgeries), the existence of simulation-based training, and requirements to publish were assessed.

**Results:** The duration of training in Ukraine is 2 years compared to 3,5 years on average in the USA, 4,5 years on average in EU countries, and 3 years in India.

The absence of supervised individual patient practice was marked by 5 specialists (71%) from Ukraine. All responders from other countries confirmed that residents are allowed to make diagnoses, prescribe treatment, and communicate directly with the patient, under supervision.

All Ukrainian residency training programs, as well as 2 programs from the EU (Germany and Denmark), don't have the required surgical experience (cataract surgeries) to complete the residency training. 4 USA programs, an Indian program, and 1 EU program have more than 50 cataract surgeries as a requirement to complete residency training.

Also, there are only 2 EU programs, in addition to Ukrainian programs, with no simulation-based training.

Half of the programs, including Ukrainian, don't have the requirement to publish during the training.

All responders from EU countries as well as from Ukraine marked an absence of subspecialty training after residency.

**Conclusion:** The ongoing war in Ukraine underlines the need to train more and well-prepared medical specialists, including ophthalmologists. The described comparison of residency training programs across the world highlights the gaps in Ukrainian ophthalmology training. The major differences include short duration training, the absence of effective surgical training and simulation-based training, the lack of scientific activities, and the absence of subspecialty training after residency. This project aimed to point up the existence of substantial differences in ophthalmological training in Ukraine compared to worldwide training practices. A continued effort in creating a robust project in designing and implementing a step-by-step change in the current ophthalmological residency training program in Ukraine should be made to bridge the gaps identified in this investigation.



**Jennifer Li, MD**  
**Eye Bank Association of America**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Developing Women Physician Leaders in Eye Banking*

**Purpose:** To evaluate the current status and progress of women physician representation in leadership positions within the Eye Bank Association of America (EBAA) and EBAA member eye banks; to increase awareness of the need for increased diversity and representation among physicians in eye banking and to provide a pathway for women physicians interested in taking on leadership roles.

**Methods:** A survey was sent to all EBAA member banks in the first quarter of 2023. Survey questions asked eye banks to list all medical directors involved with the eye bank including those who served in a back-up, alternate, or associate medical director role. Information was sought regarding the gender of the physician, their primary practice type (academic vs. private), and the number of years they have been out of training. Available data regarding eye bank medical directors in 2013 was reviewed and compared to current data. Additionally, the gender composition of the physicians on the EBAA Medical Advisory Board (MAB) and Board of Directors (BOD) from 2013 and 2023 were compared.

**Results:** 66 domestic EBAA member banks and 15 EBAA international member banks were sent the survey in the first quarter of 2023. There was a 72% response rate with 58 eye banks responding. 131 physicians were identified as having a medical director role including the following: medical director, co-medical director, and associate, assistant, alternate or back-up medical director. Of the 58 medical directors representing 40 different eye banks, 10 (17%) were women. Of the 12 co-medical directors from 5 different eye banks, 2 (17%) were women. 31 associate/assistant/back-up/alternate medical directors were listed by 22 different eye banks including 7 (23%) women. An additional 30 physicians were listed by eye banks without a specified title including 7 (23%) women.

87 eye bank accreditation applications were reviewed from 2013. Of the medical directors listed on the applications, 9 out of 86 (10%) medical directors were female; 7 out of 89 (8%) back-up medical directors were female. Of the medical directors listed in 2013, 56 male physicians (72%) and 6 female physicians (67%) are still active medical directors in 2023.

Female representation on the EBAA MAB and BOD has increased from 2013 to 2023. The percentage of female physicians on the MAB increased from 15% in 2013 to 29% in 2023. The percentage of female physicians on the BOD increased from 5% (1 of 19 total members) during the 2013- 2014 board year to 17% (2 of 12 total members) for 2023-2024.

**Conclusion:** Despite an increase in overall female physicians in leadership positions within the EBAA over the past decade, women physicians continue to be underrepresented in these groups. In particular, the MAB and the BOD remain areas of significant underrepresentation for female physicians. The pipeline for these EBAA leadership positions includes service within one's local eye bank; the number of women in medical director roles at EBAA eye banks continues to be low. Low turnover among physicians who serve in the capacity of medical director may be inadvertently preventing eye banks from improving efforts at diversity. Awareness of these areas for potential growth will encourage eye banks to look for more avenues for female physicians to take on leadership opportunities.



**Phoebe Lin, MD, PhD  
American Uveitis Society  
Leadership Development Program XXIV, Class of 2023  
Project Abstract**

**Title of Project:** *Development of a sustainable patient education pamphlet program for the American Uveitis Society*

**Purpose:** To evaluate the need for and utility of such a collection of patient education in clinical practice. To generate a system utilizing AUS experts to develop a patient education curriculum available by pdfs for electronic medical record use and outpatient education, that is sustainably current.

**Methods:** Collaboration with the AUS task force headed by prior AAO LDP class and AUS member to abstract data generated by the task force survey to query what is a large importance deliverable from the AUS to its membership. The implementation phase will then require working with AUS leadership to establish a committee tasked to create (educational materials), that will undergo review every 3 years for updating. Finally, after implementation, a survey will be utilized to query the membership on its utility to improve its quality after the first iteration is released.

**Results:** After discussion with the task force head, it was determined that patient-facing educational materials were deemed a large priority deliverable for the AUS. In the past, educational materials for uveitis patients had been incorporated for download on the AUS website but were limited in scope and were subsequently taken down after a period of time because they became outdated. By incorporating the education committee chair, the President-elect, the AAO liaison, and the YUS (Young Uveitis Society) education committee chair on a new committee to create/screen educational materials for patients on diagnosis and treatment in uveitis, there will be the opportunity to utilize rotating experts to update educational materials (as term limits will dictate that the new committee every 3 years should develop updated materials), with the purpose of downloading them for patient education and to incorporate in after visit summaries in the electronic medical record. These materials can also serve as important educational tools for general ophthalmologists and other subspecialists outside of uveitis. The committee has been formed after garnering support and the approval of the overall AUS executive committee and board of directors to proceed. The committee will plan to enlist groups of potential co-authors from the AUS membership for selected curriculum topics for the patient education material. After the initial roll out of the first set of pamphlets, a survey will query the utility of these materials to enhance/improve its quality.

**Conclusion:** Patient-facing educational materials are increasingly important, represent a large gap in uveitis patient care and membership needs, but need to be sustainably implemented for the most up to date materials.



**Sonia Mehta, MD**  
**Pennsylvania Academy of Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Impact of Educational Events and Webinars on State Society Membership and Member Engagement*

**Purpose:** To investigate the impact of educational events and CME webinars on state society membership and member engagement over the years.

**Methods:** In 2021, the Pennsylvania Academy of Ophthalmology (PAO) implemented virtual educational programming. These live virtual events with CME accreditation included Grand Rounds, an annual conference, and joint events with OMIC to qualify for malpractice credit and patient safety. In addition, the PAO started non-CME webinars targeting Young Ophthalmologists on topics such as Contract Negotiations and Business of Ophthalmology. Recordings of both the CME and non-CME webinars were placed on the PAO website for members to view after events. Membership data was collected from 2018 to 2022 including total number of members by September 1st of each year and members in training. In addition, to assess member engagement, visits to the PAO website were collected from 2018 to 2022. Also, data was collected on PAO member views of webinar recordings from 2021 to 2023.

**Results:** Membership over time was as follows: 555 (2018), 572 (2019), 570 (2020), 598 (2021), and 584 (2022). Total annual membership increased from 570 prior to state society educational programming to 598 after virtual educational programming was initiated. In addition, PAO webpage visits in the years prior to educational programming starting was negligible which has increased significantly to 784 webpage visits recently in 2023. The Members-in-Training in the state society increased from 92 in 2018 to 118 in 2022 despite loss of a residency program in Pennsylvania during that time. In addition, webinar recordings that were popular amongst young ophthalmology members included Contract Negotiations and the Business of Ophthalmology series specifically Practice Management.

**Conclusion:** Educational events in the form of CME and non-CME webinars was associated with increased membership, young ophthalmology members, and enhanced member engagement at the state society level.



**Aruoriwo Mariam Oboh-Weilke, MD**  
**Washington DC Metropolitan Ophthalmological Society (WDCMOS)**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Successfully Connecting the WDCMOS with the Medical Society of D.C. (MSDC) and Starting a Resident Section of the WDCMOS*

**Purpose:** There are two arms to my project. The 1st is to foster a relationship between the WDCMOS and the MSDC. The 2nd is to increase participation in the state societies by encouraging the residents of the four Ophthalmology training institutions in D.C. to get involved in the state societies while they are in training.

**Methods:** In our region, the Maryland Society of Eye Physicians and Surgeons (MSEPS) has a good relationship with the Maryland State Medical Society (MedChi). During my term as president of the WDCMOS in 2021, I realized that we had no relationship with MSDC nor did we have a representation at the MSDC meetings. I contacted the then president of the MSDC and through our meetings, I discovered the presidents of all the medical societies in DC had a quarterly meeting, but the Ophthalmology president had not typically been present. I set out to have representation by Ophthalmology.

For the 2nd arm of my project, I invited the chief residents of Georgetown University Hospital (GUH), George Washington (GW), Howard University Hospital (HUH) and Walter Reed to join us for our quarterly meetings as guests and two dinner meetings have been set up for all the residents to initiate a Young Ophthalmologists (YO) wing of the WDCMOS.

**Results:** I was invited by the MSDC president to join the quarterly presidents meeting. I realize not all presidents of the WDCMOS may be able to attend these meetings, so I suggested to the Executive committee of WDCMOS that these meetings can be attended by any representative from the society that is able. I plan on being that representative until there is another member of the executive committee that takes over this position. I have been invited by the MSDC to be a member of their advocacy Council. This group meets quarterly, and I bring up the issues affecting ophthalmologists at these sessions. Most recently, we worked on the requirement of prior authorizations by insurance companies for surgical procedures. I was also invited to be a member of their annual meeting Host committee for 2022 and 2023. I was able to increase the ophthalmology representation from 1 to 6 (500%) from the 1st year to the 2nd year that I was a host committee member. Please see figure below.

Our YO wing of WDCMOS is gaining traction. There were 16 residents at our 1st YO dinner, 20 residents are expected to attend the next gathering.

**Conclusion:** It is important that we are not isolated as ophthalmologists from the greater medical community as there are many issues involving the medical community that also affect ophthalmologists. It is vital to be involved in advocacy for our society and our efforts can be magnified under the umbrella of the general physicians' state society. MSDC lobbies on behalf of all physicians, we as ophthalmologists should contribute towards and benefit from that lobbying power. The Ophthalmologists in D.C. now have a seat at the table of the Medical Society of the District of Columbia, and they are happy to have another specialty of medicine represented in their organization.

If we plant the seeds in residents about advocacy and being involved in state societies, they are more likely to get involved when they are practicing physicians, as they will graduate with the knowledge of the benefits of being members of their state society. To quote one of the residents in attendance of our

**Aruriwo Mariam Oboh-Weilke, MD**

*Successfully Connecting the WDCMOS with the Medical Society of D.C. (MSDC) and Starting a Resident Section of the WDCMOS*

WDCMOS meeting, "The WDCMOS meeting was very informative, and I am now able to share this knowledge with my fellow residents at our program".

# MSDC's 2023 Annual Meeting

Friday, October 27, 2023

AAMC Learning Center  
655 K Street NW  
Washington, DC 20001

*Please  
Join  
Me!*



*Riwo Oboh-Weilke, MD  
Host Committee*

Registration is open.  
Don't miss this yearly event  
when the DC physician  
community comes together!





**Michael A. Pisacano, MD, FACS**  
**New York State Ophthalmological Society**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Engaging Young Ophthalmologists in Advocacy*

**Purpose:** To increase participation and engagement of Young Ophthalmologists in organized medicine in general and the New York State Ophthalmological Society in particular and to educate trainees on the structure of organized medicine as well the importance of advocacy.

**Methods:** An advocacy lecture entitled *Advocacy in 2023* was created and delivered to several residency programs in New York City. A Young Ophthalmologists mixer was held August 10, 2023 in Manhattan with over 40 attendees during which the presentation was featured. To solidify participation and engagement, Advocacy Ambassadors present at the meeting were called upon to share their experiences and have volunteered to do the same at future YO events which will be held quarterly. Membership in NYSOS is required for participation in these events. By creating an inviting atmosphere for YOs to mingle and interact, we intend to not only drive membership but also improve long term retention of members creating a culture of engagement.

1. Elected new YO chair
2. Focused on Advocacy Ambassadors. Assisted with their presentations to programs following mid-year forum.
3. Created a culture of participation in NYSOS by establishing pattern of quarterly meetings to draw in and maintain YO members
4. Added YO event to coincide with annual EnVision meeting held each April
5. Reinstated NYSOS virtual career fair—scheduled October 11, 2023
6. Delivered “Advocacy in 2023” talk via zoom to several academic programs and live at YO meetings
7. Invited YOs to participate in NYSOS state Lobby Day slated for May of each year

**Results:** While demographic data from our NYSOS database is limited in that it is difficult to identify YOs except by age, we can identify our baseline membership numbers and see that resident memberships have risen continuously over the past several years. We can correlate the rise in resident and fellow memberships with the relative activity level of YO events. Dr. Brad Kligman, our previous YO Chair instituted a number of YO events including a virtual career fair that drove membership in 2021 reaching 168 total YO members. This trend receded in 2022, perhaps due to fewer YO events, but has recovered nicely in 2023 achieving a new high of 169 members in 2023 (so far) with two YO events remaining on the calendar including the Virtual Career Fair scheduled for October 11, and a pre-Thanksgiving mixer November 16. Resident memberships have risen to a new high of 110 and it will be our challenge to instill in them the importance of protecting their profession in order to convert these physicians into dues paying members as they finish their training programs.

**Conclusion:** As much of our dues paying membership, as well as many of our board members, in NYSOS advance to “Life Member” status, recruiting and maintaining Young Ophthalmologists remains a crucial focus for NYSOS. Past efforts to engage Advocacy Ambassadors have been only partially successful perhaps because New York trains so many physicians who find employment out of state but also because some physicians lose their enthusiasm for organized medicine and advocacy once they graduate from their residency programs and find jobs that may not prioritize advocacy by reimbursing for membership dues. For this reason, we must double down on engaging trainees and other YOs so that they consider advocacy to be part of their career path, not a detour from it.

**Michael A. Pisacano, MD, FACS**

*Engaging Young Ophthalmologists in Advocacy*

Our membership numbers indicate that interest in NYSOS among YOs correlates closely with the number and quality of YO events. Presumably, increasing the frequency of events and providing the consistent message stressing the importance of advocacy help YOs associate society membership with the unified voice and collective focus that advocacy provides to us all. In essence, providing advocacy training outside of their programs while also engaging the program directors, many of whom are still YOs themselves, should indoctrinate YOs to understand that protecting our profession is paramount and that advocating for our profession is an important way in which we advocate for our patients.



**Michael A. Puente, MD**  
**Colorado Society of Eye Physicians and Surgeons**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Eye Care for Adults with Intellectual and Developmental Disabilities in Colorado*

**Purpose:** To assess the regulatory framework in Colorado regarding vision care for adults with intellectual and developmental disabilities (IDD), a vulnerable population with high rates of ophthalmic disease. Since Medicare and private insurance benefits are largely determined by policymakers outside of Colorado, we focused on vision benefits for patients with Colorado Medicaid.

**Methods:** We contacted Colorado's Medicaid office to request all relevant vision policies and to seek clarification of policies which were unclear. We reviewed this information to determine eligibility of adults with IDD for specific services such as routine eye exams, eyeglasses, contact lenses, and surgeries that are frequently indicated in patients with IDD but are often not a benefit under many insurance plans (corneal collagen cross-linking since patients with IDD have a very high risk of keratoconus, and laser refractive surgery since patients with IDD are often glasses-intolerant despite high refractive error).

**Results:** Colorado Medicaid vision benefits are substantially reduced after a patient's 21st birthday, with refractive correction no longer offered except after eye surgery. The eye surgery exception is vague, and the Medicaid office indicated that any ophthalmic procedure would qualify (including punctal plugs or epilation). The optical shop must append modifier -55 to its charge, but no medical records are required to confirm the surgical history. Adults with IDD qualify for additional benefits by enrolling in one of two waiver programs (Developmental Disabilities or Supported Life Services). The Developmental Disabilities waiver enrolls over 9,000 Coloradans but is statutorily capped and has a years-long waitlist. No enrollment figures were available for the Supported Life Services waiver. Patients in these waiver programs are eligible for glasses or contacts without age or frequency restrictions. Annual eye exams are covered for all Colorado Medicaid beneficiaries. Refractive surgery is explicitly covered for patients in the two waiver programs for adults with IDD, though only in the case of behavioral problems making glasses or contacts impractical. Corneal collagen cross-linking is not covered for any Medicaid patients in Colorado.

**Conclusion:** Colorado Medicaid provides excellent coverage for routine vision care for patients enrolled in the waiver programs for adults with IDD, though the many Coloradans with IDD and keratoconus are not eligible for treatment. Though Medicaid offers to pay for vision services for Coloradans with IDD, the availability of providers skilled in examining these patients is a severe limitation. In early 2024, I will be hosting a CME event through CSEPS to educate Colorado ophthalmologists about special considerations in caring for adults with IDD and to familiarize them with intricacies of Medicaid policy discovered in this project. I have begun lobbying the Medicaid office through CSEPS to expand access to care by increasing reimbursement for doctors seeing these patients, both through adding cross-linking as a benefit and by allowing providers to bill for retinoscopic refractions in adults with IDD. In a time of hostility between ophthalmologists and optometrists in Colorado, this could be an area of common interest in improving access to care for some of the most vulnerable Coloradans. Ophthalmologists in other states should review their relevant Medicaid policies to ensure access to vision care for their patients with IDD.



**Wade A. Reardon, MD**  
**South Carolina Society of Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *SCSO Legislator Liaison Initiative*

**Purpose:** The purpose of the project is to generate momentum within our state society and engage those who have not been active before on a political level. The effort is to make light the work of patient advocacy by increasing the number of ophthalmologists engaging with the society and consequently their legislators.

**Methods:** 1) Ophthalmologists were identified within our state who were peripherally associated with our state society but had been inactive. Inactivity was defined by having no interaction with the society for the period of 12 months prior to the start of the project. Members who paid basic dues to the state society however did not participate in any political activity over the 12 months prior to the start of the project were also considered inactive. 2) Ophthalmologists were contacted by the following means: phone, email, direct face-to-face conversation, and an academic lecture to residents in training. 3) Those who agreed to involvement were sent an email with direct links to the South Carolina state house website which generated their appropriate legislative contacts, based on the supplied address of their home or office. Additional materials were attached this email with general considerations for these meetings. 4) Participants were asked to orchestrate a meeting with their legislator for introduction without a particular agenda with the focus on relationship. 5) Participants were offered to correspond with our political lobbyists for a debrief prior to meeting.

**Results:** Thirty-four ophthalmologists were contacted regarding the project. Those who did not return communications were counted as unwilling to participate in the project. Twenty-four ophthalmologists agreed to participate in the project, which elevated their activity from inactive to active at a rate of 70.5%. Two ophthalmologists included in this group had prior relationships with their legislators but had not previously discussed any professional concerns. First degree connection corresponded with a 75% positive rate of response for willingness to participate. Reasons cited for those who did not wish to participate were many: busy home lives, concerns for optometric relationships, proximity to retirement, and restrictions by their employer. The legislative session hindered some efforts due to scheduling restraints.

**Conclusion:** Several needs presented themselves throughout the course of this work. One demonstrated need was that was for education for how to engage with legislators. Secondly, there was an observable higher positive response rate noted in those with whom the investigator had a direct connection in prior capacity which is in part due to selection bias. This highlighted the power of connection on a personal level before the ask of engagement can occur on a professional or political level. Thus, further work is needed and is being planned to build stronger relationships at a local level amongst ophthalmologists and consequently other medical professionals. These efforts hope to strengthen the "house of medicine" and ultimately improve patient care as we empower physicians to engage politically.



**Vandana C. Reddy, MD**  
**Georgia Society of Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Establishing Mechanisms for DEI Accountability*

**Purpose:** The original purpose for this project was to implement DEI objectives in my nominating state society where I served as the CME co-chair, and to observe the results through survey data. The project involved diversifying CME speaker selection to assess if such diversity would help encourage state society engagement, and to obtain historical data re my state society's CME speaker selection, to determine if disparity existed and persists between men and women being chosen as speakers for CME programming.

**Methods:** In attempting to implement my DEI project by selecting diverse speakers for the Winter 2022 CME, I experienced resistance from my CME co-chair regarding my speaker recommendations. After reporting emails and communications to my state society executive committee ("EC") as written documentation of gender harassment, the EC agreed such communications were inappropriate and offered to intervene to help resolve the issue. The interactions between me and my CME co-chair intensified, and after six months I learned the EC did not intervene, and it instead implemented a mediation between me and my CME co-chair. I learned my CME co-chair viewed me as his assistant, which was the reason why we experienced conflict in our working relationship.

**Results:** My EC informed me one week before the Winter 2022 CME meeting that they decided to remove me and my name from the programming. A few weeks after the Winter 2022 CME meeting, the EC removed me from my CME co-chair position, and I learned later that I was also removed from my council position and committee positions, such as the Legislative Advocacy Committee. When I subsequently requested historical data from my state society regarding its historical CME speaker selection for my AAO LDP project, the EC did not send the data, despite agreeing to prior to my removal. After 9 months I informed the LDP leadership that I could not continue my project without it. After which the LDP leadership intervened; the EC sent me data, but an incomplete data set.

**Conclusion:** The project was intended to foster open and honest discussion about ways to improve. However, it was met with the opposite reaction. The results of my removal after attempting to implement DEI objectives in my nominating state society, and subsequent removal after reporting instances of gender harassment highlight the need for accountability for DEI objectives to truly take hold. Currently, outside of a lawsuit, no state society can be held liable for retaliation and gender discrimination. Even according to the AAO Ethics Committee, the above-referenced colleague-to-colleague interactions are outside of the committee's jurisdiction. Without any institutionalized mechanism of accountability (outside of a lawsuit), the message sent to such professional societies is that gender harassment and retaliation are acceptable. And the message sent to members that may raise such issues is that they can and will face retaliation. If a state society can justify such actions on the basis of implementing DEI training or having female membership, as examples, then this is a form of tokensim that enables such professional organizations to continue practices of discrimination and retaliation in good consciousness. As such, I am exploring ways to empower victims of retaliation and gender discrimination in state societies and other professional organizations, by creating a mechanism of accountability outside of the mechanism of a traditional lawsuit. Such examples include (1) introducing an Ethics CAR to expand Code 18 to include colleague-to-colleague behavior; (2) organizing a DEI committee that can provide support for ophthalmologists that experience retaliation and discrimination (both in the workplace and in organized ophthalmology societies); (3) creating a publishable DEI rating system, that would enable members of professional organizations to rate their professional societies, to create transparency and accountability to

**Vandana C. Reddy, MD**

*Establishing Mechanisms for DEI Accountability*

such professional organizations; and (4) publishing an IRB approved study involving surveying women's experiences in ophthalmology after they report implicit gender bias/gender harassment.



**Lucy Q. Shen, MD**  
**American Glaucoma Society**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Young Ophthalmologist Representation in AGS Annual Meeting*

**Purpose:** For the last 2 years (including the 2023 meeting), the representation of young ophthalmology glaucoma specialists (YOGS) among all speakers and moderators at the American Glaucoma Society (AGS) Annual meetings is about 10 % to 15%. The overall YOGS representation in the AGS membership is 38%. This suggests under-representation of YOGS on the podium at AGS meetings and potential membership attrition when they are no longer YOGS. The purpose of this project is to increase representation of YOGS speakers at AGS Annual meetings, to improve the quality of the meetings and to increase membership retention of young members.

**Methods:** A structured mentorship program was set up for YOGS speakers and moderators at the AGS Annual Meeting in 2023. YOGS was identified based on AGS membership status: fellow in training, provisional status or 1st year active status. For the mentoring program, those with 2nd year active status, as they were on the border of being YOGS, were also included. All mentors in this program were long-term AGS members who had a track record of speaking or moderating at AGS annual meetings. They were identified based previous AGS programs and AAO glaucoma subspecialty day programs. Permission was obtained from both YOGS and senior mentors before each YOGS speaker/ moderator was paired with a different senior mentor. In this mentoring program, the YOGS met with the mentor via Zoom for at least two sessions to improve their presentations or meeting organization. Additionally, all YOGS speakers and moderators were invited to a Zoom session on presentation skills given by me. There was no formal metrics of evaluating the quality of the talks, although this was suggested to the AGS leadership. After the AGS Annual Meeting, the YOGS speakers/ moderators, and their mentors were surveyed. Subsequently, per request from a YOGS moderator, a structured mentorship program was set up for the AAO Glaucoma Subspecialty Day in 2023, where each YOGS speaker/ moderator is being paired with a senior mentor. In addition, a survey was sent to all YOGS members to assess the importance of presenting at AGS annual meeting, potential challenges, and the need for mentorship.

**Results:** For the 2023 AGS Annual meeting, 14 YOGS speakers/ moderators were identified and invited to participate in the mentoring program. 11 (79%) agreed to participate and those who did not were all 2nd year active members (borderline YOGS). A total of 17 mentors were contacted and 11 (65%) agreed to participate. The 11 YOGS speakers/ moderators were paired with 11 mentors, and each pair had on average 2 Zoom sessions for meeting preparation. At the AGS Annual Meeting, I watched all the talks given by YOGS speakers either in person or on video. The quality of the talks was similar if not better than many of those given by more experienced speakers. After the meeting, 10 (91%) YOGS speakers/ moderators and 10 (91%) mentors responded to the survey. All of them thought the mentoring program was helpful and should be continued for future annual meetings. Several YOGS have formed bonds with their mentors through this experience and will continue to seek career advice from them. Most of the mentors agreed to stay on as mentors if the program is to be continued next year. For the AAO Glaucoma Subspecialty Day, 10 of the 11 YOGS speakers/ moderators have agreed to participate and each of the 10 YOGS has been paired with a different senior mentor.

For the survey sent to all YOGS, 135 (26%) responded to the survey. Of those YOGS who completed the survey, 44% were very interested in getting more involved with AGS, while another 54% were somewhat interested; 52% were very interested in receiving mentorship for podium presentations, while another 44% were somewhat interested.

**Lucy Q. Shen, MD**

*Young Ophthalmologist Representation in AGS Annual Meeting*

**Conclusion:** A structured mentoring program for young speakers and moderators at the AGS annual meeting was found to be helpful to the young speakers and may become a permanent addition to meeting planning in the future. It has the potential to improve the quality of the meeting, help with young member retention, and can have a beneficial impact on the careers of these young ophthalmologists. This format can be easily implemented for AAO annual meeting and other subspecialties.



**Patricia Terp, MD**  
**Nebraska Academy of Eye Physicians and Surgeons**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Develop the NAEPS Ophthalmology Mentorship Program*

**Purpose:** To increase mentorship for medical students pursuing ophthalmology and for ophthalmology residents and to better include students and residents in the state society.

**Methods:** After obtaining approval from the NAEPS Executive Board to proceed with the state society-sponsored mentorship program, a letter was drafted to state society members to introduce them to the concept and details of the mentorship program. Community ophthalmologists that agreed to become a mentor then completed a survey indicating their desire to have a student or resident in a mentoring role, to their shadowing in clinic, and/or to facilitating research with their mentee. Next, the ophthalmology residents and ophthalmology medical student interest groups were emailed to determine the need of those seeking mentorship. As part of the mentorship program, all residents and interested medical students were invited to our NAEPS Fall Scientific Meeting, where they can have more facetime with their mentors and are able to present a research poster.

**Results:** Thirteen state society ophthalmologists completed the survey indicating their interest to becoming a mentor. Most were open to being a mentor and having a student or resident shadow in clinic, however only two mentors were willing and able to participate in research with his/her mentee. Fifteen medical students (combined total from the two Nebraska medical schools) were seeking mentorship and especially opportunities to participate in ophthalmology research. Twice as many mentors would be needed to allow for each resident and interested medical student to have a mentor. Given this difference, each of the 6 residents in his/her PGY 2, 3, and 4 year was assigned a mentor, and 7 medical students were assigned mentors (with preference given to upperclassmen).

**Conclusion:** Based on the amount of interest from residents and medical students, there is a significant need for improved mentorship and engagement within ophthalmology in our state. The current number of NAEPS mentors cannot meet the demand at this time. Ophthalmology research opportunities, in particular, seem to be limited for medical students. Our NAEPS Fall Scientific Meeting will not take place until October, so we cannot currently determine how many mentees will attend and display a poster of their ophthalmology research. Also, it is too soon to ascertain the value that the mentors and mentees glean from the program in its early stages. We aim to continue to grow the number of mentors and opportunities for residents and medical students to engage them further in the state society and in fostering their career development.



**Victoria L. Tseng, MD, PhD**  
**California Academy of Eye Physicians and Surgeons**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Resident Advocacy Curriculum*

**Purpose:** To create a multidisciplinary advocacy curriculum for ophthalmology residents incorporating didactic and hands-on components, in order to increase engagement of ophthalmology trainees and young ophthalmologists in advocacy efforts.

**Methods:** In conjunction with California Academy of Eye Physicians and Surgeons (CAEPS) leadership, a didactic curriculum for Los Angeles-area ophthalmology residents was created and held over Zoom over a two-hour session. Topics addressed in the didactic curriculum included Medicare reimbursement, prior authorization, research funding, scope of practice, relationships with legislators, donations and “where the money goes,” and young ophthalmologists’ perspectives on advocacy. To increase the opportunity for hands-on experience, multiple Los Angeles-area ophthalmology residents were provided the opportunity to attend the American Academy of Ophthalmology (AAO) Mid-Year Forum through CAEPS and academic department sponsorship. Additionally, efforts were made to schedule independent visits with local Southern California legislators. A pre-test and post-test were administered before and after the curriculum to assess knowledge gained throughout the process.

**Results:** Prior to the curriculum, 4/38 (10.5%) participants reported “moderate”, “a lot”, or “a great deal” of awareness about advocacy issues in ophthalmology. 2/25 (8.0%) reported issues beyond reimbursement and scope of practice as those addressed by advocacy. 3/38 (7.9%) were state society members. After the curriculum, 11/19 (57.9%) participants reported “moderate”, “a lot”, or “a great deal” of awareness about advocacy issues in ophthalmology. 6/19 (31.6%) reported issues beyond reimbursement and scope of practice as issues addressed by advocacy (e.g., research funding, workforce diversity). 3/19 (15.7%) were state society members. Four Los Angeles-area residents attended or expressed interest in attending the AAO Mid-Year Forum. Efforts continue to schedule independent visits with local Southern California legislators.

**Conclusion:** Our pilot multidisciplinary advocacy curriculum increased knowledge about advocacy issues for ophthalmology residents in Los Angeles. Additional efforts are needed to increase membership in CAEPS for trainees and young ophthalmologists. A practical next step to address these issues is to increase trainee engagement through the newly formed CAEPS Young Ophthalmologist Committee.



**Christina Y. Weng, MD**  
**Women in Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Development of a Mentoring Program for Women in Ophthalmology and Determination of Its Impact on Participants*

**Purpose:** To develop a mentorship program within Women in Ophthalmology (WIO) in order to foster networking, exchange, and professional/personal development amongst its community. Additionally, we aim to longitudinally assess the impact of this program on participants based on pre- and post-program surveys.

**Methods:** A WIO Mentoring Program committee was formed, and a database was created that encompassed a cohort of interested mentors and mentees solicited from the WIO membership. In addition to names, the database was populated with elements such as practice setting, career stage, areas of expertise/need, and contact information. Virtual and live events were planned and executed by the committee and WIO organization. Initial surveys were sent via email to all participants at program launch, and two additional surveys were sent to those who partook in the spring and summer webinar sessions.

**Results:** The database currently includes over 100 mentees and 100 mentors. The program was launched in 2023 and three virtual events have taken place thus far—two in the spring entitled “Work-Life Balance, Burnout, and Physician Wellness” and “Challenges and Strategies for Success for Women in Academic Medicine”, and a third in the summer entitled “The Female Perspective on LGBTQ+ in Ophthalmology”. The first live event will take place at our upcoming Summer Symposium in August 2023, and a second is being planned in conjunction with the WIO reception at the American Academy of Ophthalmology Annual Meeting in November 2023. The initial launch survey included 100 respondents with ~74% being mentees, ~10% being mentors, and ~11% serving in both roles. The majority of respondents were medical students (54%) and ophthalmology residents (25%) with the third-largest group being mid-career ophthalmologists (10%). Prior to the WIO Mentoring Program, nearly 18% stated that they were not involved in mentorship; almost one-third disagreed/strongly disagreed that it was “easy to connect with a mentor/mentee”; and more than 40% described their overall mentorship quality and access to mentorship as fair/poor. Results from subsequent surveys are not available at the time this abstract was submitted.

**Conclusion:** Execution of WIO’s first formal Mentoring Program has garnered a significant amount of interest from the membership with over 200 participants recruited in the program’s first year. Initial survey responses reveal that almost half described prior mentorship experiences as “fair/poor” and nearly one-fifth had not ever been involved with mentorship, confirming the significant unmet need amongst women in ophthalmology for effective and accessible mentorship. The WIO Mentoring Program has plans for continued expansion and collection of longitudinal survey data from participants which will assess the program’s impact and shape the program’s future evolution.

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**Sylvia H. Yoo, MD**  
**American Academy of Pediatrics, Section on Ophthalmology**  
**Leadership Development Program XXIV, Class of 2023**  
**Project Abstract**

**Title of Project:** *Medicaid Rates Affecting Pediatric Care and the Pediatric Ophthalmology Workforce*

**Purpose:** As of early 2023, more than 50% of children in the United States were covered by Medicaid, and the lack of parity with Medicare rates in the majority of states is thought to be a major factor in workforce shortages within several pediatric subspecialties, with a focus on pediatric ophthalmology for this project. The goal was to collect Medicaid rates in each state for exam and surgical codes commonly used by pediatric ophthalmologists and compare them to Medicare rates, as well as to previously published data from KFF (formerly known as the Kaiser Family Foundation). A secondary goal was to learn how advocacy groups in states with Medicare parity were able to achieve and maintain parity.

**Methods:** This study was deemed not human subjects research by the Tufts Health Sciences Institutional Review Board. Internet searches for "Medicaid fee schedule" in 2023 for all 50 states, the District of Columbia, and Puerto Rico were performed. Publicly available fee-for-service rates for 99213, 92004, and 67311 were collected, including both non-facility and facility rates for each code. If outlier rates were found, or if the fee schedule was ambiguous for a state, an ophthalmologist within that state was contacted to confirm or clarify the information found. If questions remained, state Medicaid offices were contacted for further clarification. States with Medicare parity at any level were noted, and if Medicare parity was for pediatric primary and/or specialty care, state chapters of the American Academy of Pediatrics were contacted to inquire about their advocacy efforts to achieve parity.

**Results:** Fee-for-service rates were collected for 49 states, the District of Columbia, and Puerto Rico. In Tennessee where only Medicaid managed care is utilized and no fee-for-service rate information is available, the lowest and highest managed care rates for each code were obtained for one healthcare entity, and the average was used in place of fee-for-service rates. Non-facility rates for 99213 ranged from \$20.48 in Puerto Rico to \$137.76 in Alaska with a mean rate of \$58.07, while the base Medicare rate is \$90.82. Non-facility rates for 92004 ranged from \$26.00 in New Jersey to \$224.68 in Alaska with a mean rate of \$105.68, while the base Medicare rate is \$150.46. Facility rates for 67311 ranged from \$256.60 in New York to \$1,079.10 in Nebraska with a mean rate of \$447.33, which is similar to the base Medicare rate at \$453.72.

Examining ratios of Medicaid to Medicare in each state, there was a statistically significant difference between each of the two exam codes, 99213 and 92004, and 67311. Compared to KFF data, there was a statistically significant difference between 99213 and KFF data. Seven states have pediatric enhanced rates for 99213, while 4-5 states have pediatric enhanced rates for 92004 and 67311. A few states have maintained Medicare parity, possibly related to geographic cost-of-practice variations in Medicare rates. Several states have achieved some degree of Medicare parity more recently, or are on track to improving Medicaid rates, primarily through budgetary decisions which are subject to change.

**Conclusion:** There is a wide range of fee-for-service Medicaid rates by state for each code collected. Given that the mean rate for 67311 is similar to Medicare, there is seemingly more room for improvement in E&M exam code rates and Eye code rates; however, more than 20 states' rates for 67311 are below the base Medicare rate. Pediatric enhanced rates exist in a few states and could be an ask for advocacy efforts in other states with accompanying data on pediatric workforce and access to care. States with pediatric enhancements appear to use various methods to determine which physicians receive the enhanced rates. KFF data is robust and easily accessible, but the most recent data is from 2019 and is based on 27 codes, including several codes not used by pediatric ophthalmologists; thus, it may not be

**Sylvia H. Yoo, MD**

*Medicaid Rates Affecting Pediatric Care and the Pediatric Ophthalmology Workforce*

directly applicable to pediatric ophthalmology but can be used when collaborating with other medical specialists to advocate for improved Medicaid rates.

Studying the rates for additional codes used by pediatric ophthalmologists, including 68811, modifier -50, and 92060 will also be enlightening. Collaboration between the American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology, and American Academy of Pediatrics is likely to be more effective in working towards the goal of improving Medicaid rates, with advocacy at both state and federal levels, to ensure access to care for all children in the United States. While there has been a necessary focus on primary care in the last decade, the need to improve access to pediatric subspecialty care is becoming more and more apparent and is very much on the radar of all of these organizations. Increased transparency of Medicaid managed care is also needed.

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