



COUNCIL STATE SECTION MEETING
Saturday, April 21, 2018
8:00 am – 9:30 am
Renaissance Downtown, Renaissance Ballroom

Section Leader & Council Chair:
Deputy Section Leader:

Lynn K. Gordon, MD, PhD
Sohail J. Hasan, MD, PhD

I. Welcome and Review of Agenda

- Dr. Gordon welcomed the attendees
- Dr. Sohail J. Hasan, MD, PhD, was introduced as the 2018 Deputy Section Leader
- The Fall 2017 meeting minutes were approved

II. Innovative Tools & Approaches for Scope Battles

Laura K. Green, MD – Member, Secretariat for State Affairs: Maryland, Virginia, and the District of Columbia

Dr. Laura Green is the Secretariat for State Affairs, Maryland, Virginia and the District of Columbia. She was invited to speak about innovative tools and approaches for scope battles. Her session focused on: engaging millennials, creative new tools for residents, engaging residency programs that do not actively participate in advocacy, and using big data to defend scope battles.

Dr. Green stated that foremost, we need to engage millennials. Where do you find millennials? Residencies! You have them in your states and you need to engage them. This is why the Academy has invested so much in the Advocacy Ambassador Program.

In a survey conducted last year, results showed that almost 30% of residencies are not regularly engaging in state or national advocacy. So now we have new educational tools to help reach the residencies and Program Directors who are not yet engaged in advocacy. We also will be offering a toolkit which stems from a project created by Leadership Development Program participant, Albert Khouri, MD. The toolkit focuses on how to get started as an Advocacy Ambassador, how to get involved with your state society, and about the process of testifying or visiting your state house. We want this to reach the Program Directors and the Residents. This will be available on the One Network/Resident Section (which is part of the committee Dr. Green oversees for the Committee for Resident Education).

The newest tool in State Affairs is big data. We can compare the surgery patterns of ODs vs Eye MDs. We are looking at different states and even regions within states, and we can see what people are doing and where they are going for services. When we looked at Oklahoma, Kentucky and New Mexico, we saw that the OD procedures most commonly performed are eyelash epilation, punctal procedures and foreign body removals. A growing body of evidence in peer review literature regarding the different procedures that ODs are performing shows that over 1,384 eyes underwent LTP during 2008-2013 in Oklahoma. 83% were performed by Eye MDs, and 17% by ODs. The number of patients who had their procedures performed by

ODs that required more than one LTB session – was more than double of those patients who were treated by MDs. This is important data to highlight when the ODs want to have expansion of these procedures in other states.

Dr. Green stated that drive time data is important data to consider when there is assertion by the ODs that there is an issue with “access to care.” In these three states – all of which had successful arguments on behalf of ODs that there were access issues, the data shows that a vast majority of the population (77-81%) are in fact within a 30-minute drive of an Ophthalmologist. We are also watching trends and keeping track of the Optometric workforce. We can see they are increasing in terms of number of schools and number of students. We are keeping track of where they are, so we can keep you informed in your states. There is also growing debt burden which may create financial burdens for optometrists and entice them to do more than they are trained to do.

Dr. Green noted that when you look at the co-management status in these three states, you see that the percentage of cataract surgeries that are co-managed is on the rise. One of the reasons for co-management, (that has been asserted by the ODs) is that this is an access to care issue. But when we use this data and look at the location of residence of Medicare beneficiaries who underwent co-managed cataract surgery, we see that most of the patients have urban residences, so this statement just doesn't fit either. We can dive further into that data and see that it's a trend that holds true in a lot of states that have had scope battles – and where Optometric scope has expanded. We need to look at these states and use these examples in your battles. We also learn from the data and experiences in other states, and we can prove just how disingenuous many of these arguments are.

Dr. Green said that when we look closer at the drive times for patients who have a two-way co-managed physician, they end up driving even further than they would need to with their Eye MD. This makes the care a lot less efficient for the patients. We are mapping this out for states that are in heated battle grounds. We are also tracking the number of procedures performed by ODs vs Eye MDs as optometric scope increases in some states. Some of the hot button procedures are LPI, Chalazion Excision and foreign body removal. Foreign body removal data shows that 27,334 procedures were performed by ODs during this time (2008-2012) vs 52,229 by Ophthalmologists. How can we make our arguments more effective with simple graphics? Often a very simple graph can make our arguments more effectively, such as comparing the 128 weeks of surgical trainings that an ophthalmologist has Vs. the 0.8 weeks of surgical training the OD has. We have a growing body of publications that show patients have to drive just as far to get to an OD as an Eye MD for laser capsulotomy care. Rural people are simply further away from everything, and the percentage of the population that have to drive more than 30-minutes to see an Eye MD is exceedingly small. Consider the example of the state of Iowa, where .031% of the population with Chalazion incidence have to drive more than 30 minutes to see an Ophthalmologist. Do you really need a law for 0.03% of a state? This kind of big data is critical to our success in these scope battles.

Where do we go from here? Dr. Green said, “Keep asking questions. Think like a legislator: how to make our best points-what do they need to know? Keep providing peer review literature, it helps drive home these points. Engage with your state secretariat representative for your regions-we are here to support you.”

III. Pilot Mentoring Program for Advocacy Ambassadors

Darby D. Miller, MD – LDP XX, Class of 2018 / Member, YO Advocacy Subcommittee, AAO

Dr. Miller is a member of the YO Advocacy Subcommittee and a member of the current Leadership Development Program (LDP), class of 2018. His LDP project was accepted as a pilot program by the YO Advocacy Subcommittee and addresses the need for mentorship within the Advocacy Ambassador Program (AAP.)

Dr. Miller suggested that everyone probably could recall a time when a mentor made a difference in our lives. Whether it was a formally assigned mentor, or someone who just invested in your life. “Having mentors in our professional lives has helped to get us where we are today,” said Dr. Miller. The YO Advocacy Subcommittee has been talking about the importance of mentorship within the Advocacy Ambassador Program (AAP) for some time, and now it is formalized as an Leadership Development Program project this year.

Dr. Miller stated that when the AAP participants return home from the Mid-Year Forum (MYF) they are very enthusiastic. They look forward to giving their PowerPoint presentation at their academic institution, but after that, the activity dwindles. The YO Advocacy Subcommittee wants to harness that energy and carry it through the rest of the year and beyond.

Dr. Miller said that his LDP project is a pilot program that consists of 25 Advocacy Ambassadors who attended MYF 2018. When the Advocacy Ambassadors registered for MYF/CAD, they were asked if they would like to be paired with a mentor. There were an overwhelming number of ‘yes’ responses, but because this is a pilot program they couldn’t take everyone who wanted a mentor. They selected people from the states that will be facing scope battles, which includes California, Florida, North Carolina, Illinois, Indiana, Massachusetts, Maryland and Ohio. The pilot program includes 13 males and 12 females.

The pilot program will last the duration of one year, beginning with mentor and mentee assignments in April, personal introductions in D.C. at MYF, and ends with MYF 2019. Mentorship responsibilities were distributed at MYF, and an initial survey was sent immediately following MYF to get insight on the initial stages. Contact by the mentor is encouraged every few months via email, phone or in person. Mentees are encouraged to be involved in at least one of the following advocacy events before the Academy’s annual meeting in October.

- State society events including annual meeting
- Development of an article on Congressional Advocacy Day and Mid-Year Forum experiences for state ophthalmology society newsletters or websites
- AAO advocacy events
- Scope battles
- Meeting with state legislator
- Testifying against a dangerous scope bill
- Outreach events

Surveys will be sent prior to the annual meeting and prior to MYF 2019 to quantify involvement in the noted activities. Similar to the mentorship within the Leadership Development Program, the YO Advocacy Subcommittee wants this to be a relationship that last for years to come. They hope to see many of these Advocacy Ambassadors in leadership roles throughout ophthalmology.

IV. State Society Best Practices – Five Councilors will share best practices from their societies

➤ A. Assessing Membership Needs

Andrew W. Tharp, MD – Councilor, Indiana

Dr. Tharp stated that the Indiana Academy of Ophthalmology (IAO) held a retreat last May and identified the need to reach out to their members to determine how they were perceived, and how can they be of better value to their members. The IAO would then take that information and establish a new direction.

The IAO used Survey Monkey and reached out to 194 ophthalmologists in Indiana. They received 54 responses (27% response rate). 73% of ophthalmologists participate in the state society, and of those, 93% are AAO members.

Survey Results:

- Age range: A majority of members are in the 50-60 age range and 60+ and still practicing.
- The IAO is underrepresented in the 30-50 age range
- Practice Size: 20% solo practitioners; 50% 2-4 practice size; and 30% are in a practice with 5 or more.

Benefits of Membership:

- #1 Advocacy (State Advocacy/Lobbying)
- #2 Annual Conference, which are also in-line with the IAO's mandate of Advocating for Ophthalmology and Providing Educational Value

Value of being a member: (Annual dues are \$845)

- 70% perceive the value as Very Good or Good.

5 Outcomes of Survey:

#1. Advocacy is a valued member benefit

- Connect with the state legislature
- Introduce proactive legislation
- Legislative breakfast/lobby day during the legislative session
- Make legislative information easily available to members
- Develop talking points for members to connect with legislators
- Remain active at the federal level and keep members advised

#2. Annual Meeting and attendance

Continue to recruit excellent speakers

- Complex case symposium – very popular. Our members bring the cases, way to involve the members, interactive
- Include legislators, honor at lunch time meeting

#3. Engaging members is important

- Prevent decrease in membership
 - Face to face meetings with executive director traveling
 - Offer regional events
- Revamp website
 - More mobile friendly, less text heavy

- Remind members frequently of benefits
 - At least semi-annually
 - Develop new member packets
- Preferred networking opportunity is dinner at a nice restaurant. (Though this does make it more challenging to connect)

#4. Recruiting young ophthalmologists

- YOs: in training or in 1st 5 years of practice
- 45 YOs in Indiana, 23% members. This is an area where we need to make some changes. Executive Director and Advocacy Ambassadors scheduling visits to the University of Indiana, etc.
- Engaging YOs
 - Meet at least twice yearly with IU residents
 - Re-engage the Young Ophthalmologists committee
 - Hold seminars on starting practice, etc. How to be of value to them!

#5. Develop leaders

- Majority indicate they would like to serve on Board of Directors
- Other Committees of interest: YO, Membership and Legislative

Conclusion: Dr. Tharp stated that he hopes that the other state societies can take something away from this. This was a very valuable exercise for them and helped establish a new direction for the Indiana Academy of Ophthalmology!

➤ B. Approaches on Strategic Planning

1. Rebecca Sands Braverman, MD – Councilor, Colorado / LDP XIX, class of 2017

Dr. Sands Braverman stated that the strategic planning project was her Leadership Development Program project which was completed in 2017. She noted that as membership is the lifeblood of their society, they needed to know what the members value – what do they want from us? How best to find out? Ask them! They had three goals:

1. Determine what our members value
2. Update our strategic plan
3. Use the plan to guide the future of our Society

The Colorado Society of Eye Physicians and Surgeons (CSEPS) used a Kupersmit research poll and mailed 244 Colorado ophthalmologists.

Who are they?

- Sixty-eight respondents completed the survey (28% response rate).
- Ninety percent of respondents were current members, while 10% were not.
- Respondents were in a variety of practice types including: group (59%), academic (20%), solo (13%), and miscellaneous (8%).
- Most ophthalmologists practiced in the Denver metro area (69%), followed by cities outside of Denver (27%), and rural areas (4%).
- The age range of respondents ages was 30-45 (39%), 46-55 (19%), 56-64 (22%), and 65 or older (16%).

What did they learn?

1. What we do well:

Two thirds of members felt society had a positive impact on the practice of medicine for CO Ophthalmologists, focused on issues important to them and communicated well on topics important to them.

2. What needs work:

Nearly half of the respondents did not feel access to the Society website was worth their time

3. What do the members value most:

- Advocacy on behalf of ophthalmologists at the state capital (86%)
- Communication and Education about issues that affect the practice of medicine and the future of healthcare reform in Colorado (68%)
- Other
 - OMIC risk management discount (38%)
 - continuing medical education (30%)
 - opportunities to provide charity care (22%)
 - networking at social mixers (20%)

Top priorities for our strategic plan:

- Advocacy
- Communication
- Education – business of medicine

The plan was amended and approved by the society Board of Directors

Executing the plan - Advocacy

- Building relationships with state legislatures –
 - Recently held a happy-hour reception near their state capitol with state legislatures, residents and society members. Reps brought in an OCT and OPTOs camera and broke the ice by using machines and conducting visual tests. This was very well received and got them talking about family members with eye problems, it opened the door to explaining what they do, and residents had the opportunity to see what their members do. The conversations were very engaging, and they exchanged business cards.
 - Invited legislatures to practices and ambulatory surgery centers so they can observe surgery
 - Society representation on the Colorado Medical Society Council on Legislation

Executing the plan – Communication

- Society online communities
 - New Practice Manager Forum
 - PMs have a lot of wisdom they want to share
 - Foster communication between practice managers and share lessons learned
 - Website has a blog, forum, polling and direct messaging functionality
 - Facilitates communication between board members on upcoming state legislation
 - Continuing bimonthly online newsletters
 - Emphasize advocacy activities by lobbyists and members

Executing the plan – Education

- Invite special guests

- Dr. Ruth Williams AAO past president- Private equity
 - Dr. Keith Carter AAO president – Academy updates
- Other educational activities
 - OMIC risk management seminar
 - YO event on contract negotiation
 - Codequest

Colorado Strategic Planning:

- They found out what they were doing well and what they needed to work on
- Determined what their society members value
- Updated society plan to reflect what members need

➤ Approaches on Strategic Planning - Continued

2. William S. Clifford, MD – Councilor Emeritus, Kansas; Trustee-at-Large, AAO

Dr. Clifford stated that KSEPS leaders participated in a one-day strategic planning session, addressing the current and future needs of the state's ophthalmologists. The meeting was multi-purpose:

1. Engage KSEPs leaders
2. Work through a SWOT* analysis
3. Create a few key action items for 2018

The key to their success was the role of their facilitator, and Dr. Clifford strongly suggested that you always have a facilitator. They will document your conversation, keep you on time, on point, positive and open to new ideas.

SWOT*

- Strengths
- Weaknesses
- Opportunities
- Threats

SWOT highlights:

Strengths

- Several LDP Graduates
- Supportive KU Chairman
- Residents do a Rural Rotation
- Good Optometric Relations
- Excellent Political Connections

Weaknesses

- Low Membership – 50% of Ophthalmologists
- High Dues - \$800/year-consequence of low membership is higher dues
- Large Groups not joining
- Large Geographic Area – like other mid-western states
- Siloed – Wichita, Kansas City, everyone else

Opportunities

- Use Social Media to Communicate – not just a webpage
- Help Recruit/Engage New Doctors – bring them to your organization

- Increase Involvement with KS Medical Society
- Leverage University of Kansas Support – keep this going
- Independence from managed care and high surgical volumes - higher pay!

Threats

- Decline in # of Rural Ophthalmologists – creates a vacuum, and ODs fill in
- On-Call Coverage by Optometry
- Apathy/Distracted of Physicians
- Distance to Topeka can be long
- Competition for CME to create value

Action Items

- Recruit to KSEPS Board
- Contact KMS for Opportunities
- Restructure Dues for YO/Groups
- Enhance Website and social media presence

Conclusions

- Get the right people in the room.
- Have a great Facilitator!
- Have an open mind.
- Set timeline.
- Execute!

➤ C. Making Presence Known at the State Capitols

1. Doctor's Day at the Capitol

Edward S. Lim, MD – Councilor, Connecticut

Dr. Lim spoke about how the Connecticut Society of Eye Physicians (CSEP) Doctor's Day at the Capitol is a year-long process. He documented what they have done in Connecticut to prepare their membership, and how the process starts well before - and continues after their Day at the Capitol

Dr. Lim stated they have found that they are effective not only with the number of physicians attending, but **how knowledgeable and comfortable their physicians are in communicating with their legislators.**

He noted that there are four components to making this a success:

1. Education – a year -long effort to get their membership up to speed
2. The Calm before the Storm – the day before
3. The Event – day of
4. Post Meeting Follow up – after the event

1. Education

Regular Communication

- Email and telephone: moving away from standard mail. Executive Director oversees this
- Testifying Tips and Techniques “testimony training session,” review the issues, work on wording and offer testimony presentation tips. Executive committee members required

to participate. The result is they nearly always have someone on hand to testify when needed.

Annual and Semi-Annual Meeting

- Presentation of past and upcoming legislative issues: Members get exposure to legislative issues as they explore the past and upcoming bills that face their state along with background, opposing/supportive alliances, what we have learned and which direction we feel we are heading
- Recognition awards for legislators: Also given podium time to address the membership. **This gives our membership an opportunity to see them as people we can work with on issues**
- Lobbyists presentation at the business meeting: Lobbyists will give us a Strategic Post Mortem on the past session and give us background and guidance on the upcoming session
- “Mingle Time” during lunch and break: Very important facetime during lunch or breaks that promotes one-on-one interaction between physicians and legislators or lobbyists

2. Calm before the Storm

Communicate: It is all about giving the participating physician enough information in a time frame that allows them (with their busy schedules) to feel prepared.

- Information on legislators
- Testimony final copies
- Copies of bills up for discussion
- Specific asks/clarifications
- Physicians reflecting/composing pertinent real-life examples

3. The Event

Breakfast -emulate like CAD before we leave for the Capitol

- Final review of topics and asks: Similar to CAD Breakfast
- Visit by Legislators to address physicians: Shows bilateral support and ability to talk with legislators as people

Lunch

- Lunch can serve as an intermediate reorganization with a sharing of ideas of what is working or needs to be modified

Scheduled meetings

- The visits themselves are very much like we do here in Washington.
- The meeting is where it all comes together. Just like in DC, the meetings occur in offices as well as the hallways, but the importance is that the meetings are happening and the push for patient safety issues is happening.
- We always leave a color brochure with the issues, our perspective and our vote preference that they can review at a later time.

4. Post Meeting Follow Up

Communication:

- Status of bills
- Communications from lobbyists
- All membership included

The Connecticut Experience

Constant and organized communications

- Concise, relevant, persistent: Year-long efforts to improve the knowledge and confidence of our members
- Information, exposure to legislators and lobbyists

Feedback

- Keep it honest and highlight the positive: Include photos of achievements
- Share with entire membership: Let your physicians know, well after the event, of the impact of their efforts.

In summary, Dr. Lim stated that through the persistent participation of their leadership, and by encouraging others to participate, this has given them a group of physicians that are highly motivated and familiar with the process, and they are leaving a lasting impression on the policy makers in Connecticut.

➤ C. Making Presence Known at the State Capitols-Continued

2. Annual Eye Screening Day in Missouri

Linda M. Tsai, MD – Councilor, Missouri

Dr. Tsai provided an overview of the Missouri Society of Eye Physicians and Surgeons (MoSEPS) Annual Eye Screening Day. She stated that this activity started before she joined the society 18 years ago.

Screening Day Overview

- Free eye screenings conducted in public space of the capitol in February
- Goals of the Event
 - Increase public awareness
 - Create/expand relationships with Missouri's elected officials
 - Public service

Targeted Participants

- Elected officials
- Staff

Dr. Tsai indicated that February works well for them, as the legislative season is from Jan to May, and it reinforces their presence fairly early.

Annual Eye Screening Day Facilitators

- Residents from Missouri Training Programs
 - Representation from 2 to 4 programs with between 5 and 7 residents in attendance
 - Residents conduct the screenings

- State Society Leadership
 - During screenings, members of leadership meet with legislators on legislative priorities.
 - Meetings are pre-scheduled.
 - Detailed information for meetings, including schedule, bios for each meeting, talking points, and literature to leave with the legislators.

The MoSEPS has modeled this part of the day from the AAO's Congressional Advocacy Day. In advance of the event, each member of leadership receives a detailed packet of information including information on the pre-scheduled meetings, bios for each legislator they are meeting with, talking points for the meetings, and literature to leave behind with the legislator/staff. These meetings have been crucial in MoSEPS' continued presence in the capitol and building relationships with elected officials. They know that MoSEPS comes every year and they have successfully established relationships.

2018 Eye Screening Day Partners

Dr. Tsai said that in an effort to expand the reach of the free eye screening event, MoSEPS has begun collaborating with partners to provide additional services and information to those being screened. This now includes:

Saving Sight

- Provides Healthy Vision Information
- Tonometer to Measure Eye Pressure

Missouri Dermatological Society Association

- Provides free skin screenings
- Common Legislative Interests
- Health Fair

This set-up allowed for legislators and their staff access to more free screenings, giving the event more of a "health fair" vibe. Additionally, physicians between the two groups were able to discuss ways to approach and communicate with legislators on shared areas of legislative interest, such as scope of practice, etc. Moving forward, the two groups will continue to collaborate, and MoSEPS will also be looking at other groups to work with for the event.

Annual Eye Screening Day Additional Details

- Missouri State Medical Association Doctor of the Day
- Information and "Eye Ball" Gumballs

A couple of additional ways MoSEPS communicates its presence in the building, includes: MoSEPS coordinates with the Missouri State Medical Association to have the MoSEPS President serve as the Doc of the Day in the Capitol on Eye Screening Day. This physician is introduced on the floor of both the house and senate.

Additionally, each of the 197 legislators receive hand-delivered information from MoSEPS with information regarding the Society and ophthalmology in general as well as a sweet treat of Eye Ball Gumballs, which have become a trademark for MOSEPS

Annual Eye Screening Day Results & Follow Up

- Approximately 60 screenings per year
- Legislator Follow-Up

- o Meetings
- o Emails

Each year, approximately 60 free screenings are provided to individuals in the Missouri state capitol building. Each group usually meets with 8-10 legislators, so we usually visit a total of 30-40 legislators during the event.

Following the legislative meetings, MoSEPS' lobbyists follow-up with each legislator that met with MoSEPS leadership. These meetings are essential in continuing to build these relationships. Additionally, follow-up is provided by MoSEPS with a thank you to each legislator via email.

While at these meetings, they stress the need for routine eye exams and also offer to help the legislator connect with an eye MD in their local area if they prefer to see an ophthalmologist in their constituency while they are not in session.

MOSEPS Benefits

MoSEPS annual eye screening day gives many benefits to MOSEPS. They are shown as an organization that provides a public service, and it is a key part to relationship building with their legislators.

Dr. Tsai said the annual eye screening program is also an important part of mentoring their members-in-training regarding the importance of advocacy at the State Level. They hope to encourage future generations of physicians to remain active in their state after they graduate.

V. Section Elections

Deputy Section Leader Sohail J. Hasan, MD, PhD, led the section elections for 2019 leadership positions including Deputy Section Leader, Section Representative to the AAO Nominating Committee and Section Nominating Committee.

(Note: the following were announced as election winners during the Council general session which directly followed the section meeting:

- Deputy Section Leader for 2019: Thomas A. Gaul, MD (Nebraska)
- Section Representative to the AAO Nominating Committee for 2019: Alan L. Wagner, MD, FACS (Virginia)
- Section Nominating Committee for 2019: Leslie S. Jones, MD (Washington, D.C.), Gareth M. Lema, MD, PhD, (New York), John Mandeville, MD, PhD (Massachusetts), Andrew W. Tharp, MD (Indiana)

VI. Adjournment

Dr. Gordon adjourned the meeting at 9:45am ET.