

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

Major Donation Establishes Glaucoma Education Center

The Academy recently received a \$2 million donation from the David E.I. Pyott Foundation to establish the Glaucoma Education Center on the Ophthalmic News & Education (ONE) Network. The ONE Network is the Academy's flagship educational resource for evidence-based medicine, surgical advancements, and quality of care improvements. This charitable contribution is the largest gift ever contributed to the Academy Foundation by a single individual.

The Pyott Glaucoma Education Center will help ophthalmologists who are tackling the leading cause of irreversible, yet preventable, blindness worldwide (populations in Asia and Africa are affected the most). By 2020, the number of people with glaucoma is expected to grow to 76 million. Proper physician education and online collaboration in this area will save sight and allow people to lead fuller, more productive lives.

Expected to launch at the end of 2017, the David E.I. Pyott Glaucoma Education Center will provide the following:

- An array of learning activities for improving patient care

- A peer network for ophthalmologists to discuss and manage challenging cases
- Interactive cases and simulations
- An extensive searchable online library of clinical support materials and surgical videos
- Patient education resources

“Having served as Allergan's CEO for 17 years, I have an intimate connection with the glaucoma community,” said Mr. Pyott. “This is my way of giving back. I am delighted to continue a long and rewarding heritage of helping physicians everywhere speed improvements in patient outcomes.” Mr. Pyott is on the Academy Foundation advisory board as well as the American Glaucoma Society Foundation advisory board. He is also president of the International Council of Ophthalmology Foundation and a board director at the Pan-American Ophthalmological Foundation.

During his tenure as chairman of the board and CEO of Allergan (1998-2015), Mr. Pyott transformed the company from a small eye care business with about \$1 billion in sales to a global specialty pharmaceutical and medical device company with sales topping \$7 billion in 2014. He was ranked #4 in the *Harvard Business Review* 2014 list of “The 100 Best-Performing CEOs in the World.” In 2006, he was bestowed with the honor of Commander of the Most Excellent Order of the British Empire by Her Majesty the Queen for his con-



DONATION FROM DAVID E.I. PYOTT. *The Glaucoma Education Center on the ONE Network will be the Academy's primary online resource for glaucoma when it is launched in late 2017. This is the largest donation the Academy Foundation has ever received from a single individual.*

tribution to British business excellence and management skills in the United States. In 2010, he received the UCI Medal and the Moacyr Gold Medal for services to Brazilian ophthalmology. In 2013, the U.S. Marine Corps honored him with the Semper Fidelis Award.

Prior to joining Allergan, Mr. Pyott led the Novartis Nutrition Division and served on the executive committee of the Switzerland-based Novartis AG.

“David Pyott is an extraordinary philanthropist,” said David W. Parke II, MD, Academy CEO. “He is knowledgeable and personally experienced and engaged in the problem of treatable global blindness. This endowment will serve as a legacy gift for decades to come—helping current and future physicians around the globe, as well as providing resources for their patients. The Academy is deeply grateful for his steadfast generosity that enhances our capability to protect sight and empower lives.”



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TAKE NOTICE

PQRS and ACOs

Are you participating in an accountable care organization (ACO)? If so, be aware of the possible financial risks it could bring related to the Physician Quality Reporting System (PQRS).

At risk for PQRS penalties. If you are participating in an ACO, you cannot take part in PQRS as an individual—the Centers for Medicare & Medicaid Services (CMS) will only accept PQRS submissions from your ACO. Unfortunately, about 15% of ACOs do not meet the reporting criteria for PQRS, and all providers who are participating in those ACOs get penalized.

Don't know whether you are participating in an ACO? If you are not sure whether you are participating in an ACO, you can call the Physician Value help desk (1-866-288-8912; pick option 1, then 3) or visit <https://data.cms.gov/ACO/2016-Medicare-Shared-Savings-Program-Participants/82gp-26ev>.

IRIS Registry for meaningful use.

Although your ACO participation may prevent you from using the Academy IRIS Registry to participate in PQRS, the IRIS Registry can still help you meet the requirements of the meaningful use (MU) program. If your practice has integrated its electronic health record (EHR) system with the IRIS Registry, you can attest to meeting Measure Option 3 Specialized Registry Reporting for MU Objective 10: Public Health Reporting.

PQRS via the IRIS Registry: June 1 Deadline to Sign Up for EHR-Based Participation

The Academy IRIS Registry provides 2 platforms that streamline PQRS reporting: 1) a clinical data registry for EHR-based reporting, and 2) a Web portal for manual reporting.

Sign-up deadlines for new users of the IRIS Registry. If you want to use the IRIS Registry for 2016 PQRS reporting, the sign-up deadline depends on which reporting option you select:

- June 1 for EHR-based reporting (you must also integrate your EHR with the IRIS Registry by Aug. 1)

- Aug. 1 for reporting the Cataracts Measures Group via the IRIS Registry Web portal
- Oct. 1 for reporting the new Diabetic Retinopathy Measures Group or individual measures via the IRIS Registry Web portal

To get started, go to www.aao.org/irisregistry and click “Sign up.” Whichever option you select, each provider in your practice must submit a data-release consent form. The Academy needs these before it can send PQRS data to CMS. The forms, which you submit electronically, will be available in the fall and must be submitted to the Academy by Dec. 1.

Already an IRIS Registry user? If your practice signed up to use the IRIS Registry in 2014 or 2015, that agreement is still valid (even if you want to use a different PQRS reporting option this year than you did in 2015). However, each of the practice's providers must be sure to submit a new data-release consent form for reporting 2016 PQRS data.

For more information on the IRIS Registry and PQRS reporting, visit www.aao.org/irisregistry and www.aao.org/pqrs.

Coming Soon: Clinical Webinar Series

The Academy's new clinical webinar series provides live access to experts discussing topics that will help you improve patient outcomes and gain insight on important, timely clinical issues. These interactive seminars include presentations from well-known ophthalmic leaders and provide opportunities to earn CME credit, interact with other attendees, ask questions, and participate in online polls.

The new webinar series starts in June and will feature the following:

- Challenging cases and scenarios
- New surgical techniques
- Surgical morbidity and mortality
- Novel diagnostic modalities
- Navigation of the maintenance of certification process
- Resident education
- Emerging diseases

For topics and schedules, visit www.aao.org/store.

Ask the Ethicist: Resignation During an Ethics Investigation

Q: I am the subject of an Ethics Committee investigation. May I resign from the Academy if I do not want to proceed with the investigative process?

A: Yes, you may resign your membership, and the ethics case file would be subsequently closed and sealed. However, there are significant ramifications of this action: the potential publication in *EyeNet* of the resignation and a lifetime prohibition against reapplication for Academy membership; moreover, if the ethics investigation involves patient care concerns, the Academy has a legal obligation to report the resignation to the National Practitioner Data Bank. In addition, an ophthalmologist who resigns may be required to disclose the resignation to potential employers, malpractice carriers, credentialing bodies, and state licensing boards. Finally, some specialty societies (such as the American Association for Pediatric Ophthalmology and Strabismus) require Academy membership, and the Ophthalmic Mutual Insurance Company provides coverage only for Academy members.

The Ethics Committee strongly recommends that challenged members work with the committee to resolve Code of Ethics challenges. Even if there is a violation of the Code of Ethics, there may be an opportunity to resolve the matter and still retain Academy membership. Alternatively, there may be grounds to defend against the challenge, and the case may close without finding a violation.

The Administrative Procedures section of the Code of Ethics (found at www.aao.org/ethics-detail/code-of-ethics#admin) provides detailed information. Scroll to “4. Proceedings on Challenges,” then “(a) Hearing on a Challenge,” and “3. Forfeiture of Right to a Hearing,” then “(g) Resignation” and “(h) Overriding Reporting Requirement.”

To read the Code of Ethics, visit www.aao.org/ethics-detail/code-of-ethics. **For more information** or to submit a question, contact the Ethics Committee at ethics@ao.org.

ACADEMY STORE

2016-2017 BCSC: Important Updates

The 2016-2017 edition of the *Basic and Clinical Science Course (BCSC)* is available for advance order starting mid-May and will ship by mid-June (eBooks are available starting mid-June). The BCSC is a comprehensive reference used by ophthalmologists and residents worldwide. The new 2016-2017 edition includes major revisions to the following:

• Section 4: *Ophthalmic Pathology and Intraocular Tumors*

• Section 10: *Glaucoma*

• Section 11: *Lens and Cataract*

Choose from the print or eBook format. Purchase an individual section, or save when you buy print and eBook sections together or when you purchase a complete set of all 13 sections of the BCSC.

For pricing and more information, visit www.aao.org/bcsc.

New Patient Videos for Cataract and Refractive Surgery

May is Cataract Awareness Month. Educate your patients with the Academy's all-new *Cataract and Refractive Surgery Patient Education Video Collection*.

This collection includes 21 concise high-definition videos in both English and Spanish. Since they are MP4 files, you can download the videos to any device or burn them on a DVD.

To see all topics, view sample clips, and order, visit www.aao.org/cataract_videos.

MEMBERS AT LARGE

Passages

Victor T. Curtin, MD, professor emeritus of ophthalmology at Bascom Palmer Eye Institute, passed away on March 9. He was 90.

D.C. REPORT

Demo for Medicare Part B Prescription Drugs

Many policymakers believe that the current approach to drug pricing encourages providers to use expensive products, regardless of effectiveness. As a result, this fall, the Centers for Medicare & Medicaid Services (CMS) is planning a Medicare Part B drug demonstration to investigate the impact that alternative payment strategies would have on providers' prescribing patterns. This drew the ire of the Academy and more than 100 other groups because of the effect it could have on patients with complex conditions.

CMS' plan. The first phase of the demo would involve changing the existing system used to make drug payments (a 6% add-on to average sales price) to a 2.5% add-on plus a flat fee. (The proposed numbers are prior to factoring in an existing -2% sequestration adjustment currently in effect). For the second phase (to be implemented in 2017), CMS proposes to implement value-based purchasing tools similar to those used by commercial health plans, hospitals, and similar entities. The demo would most affect higher-priced drugs, such as provider-administered biologics. In ophthalmology, this would primarily impact retina specialists, along with others who perform intravitreal injections.

How this affects patients. This initiative could hurt the care of Medicare patients with complex conditions such as macular degeneration, cancer, hypertension, and rheumatoid arthritis, as these patients often try multiple treatments before finding the right one. The Academy believes that these patients need quick access to the right medications, which is already complicated by unresolved FDA regulatory issues related to compounding. Finally, vulnerable Medicare patients should not face mandatory participation in an initiative that may force them to switch from the most appropriate treatment. The Academy will respond during CMS' public comment period, which ends May 9, to oppose the program as proposed.

In 1959, along with Edward W.D. Norton, MD, Dr. Curtin turned the University of Miami School of Medicine's new ophthalmology division into the world-renowned Bascom Palmer Eye Institute—Dr. Curtin served on its faculty for 57 years. In 1962, he partnered with the Lions Clubs of South Florida to establish the Florida Lions Eye Bank and Ocular Pathology Laboratory at Bascom Palmer, and facilitated its growth for the next 40 years. From 1959 to 1996, he focused on teaching successive generations of ophthalmologists as the director of Bascom Palmer's residency program and chairman of the resident and fellow selection committee. In 1986, the University of Miami School of Medicine established the

Victor T. Curtin Chair in Ophthalmology in his honor.

2015 Heed-Gutman Award

On Nov. 14 at AAO 2015 in Las Vegas, Lois E.H. Smith, MD, PhD, received the 2015 Heed-Gutman Award at the Heed Luncheon. Dr. Smith is an ophthalmologist and clinician/scientist at Children's Hospital and Professor of Ophthalmology at Harvard Medical School. Her research focuses on vascular diseases of the eye, and she has published extensively on biochemical pathways in retinopathy. She is a former member of the National Eye Institute's (NEI) National Advisory Eye Council and the Board of Scientific Counselors for the NEI.

