

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

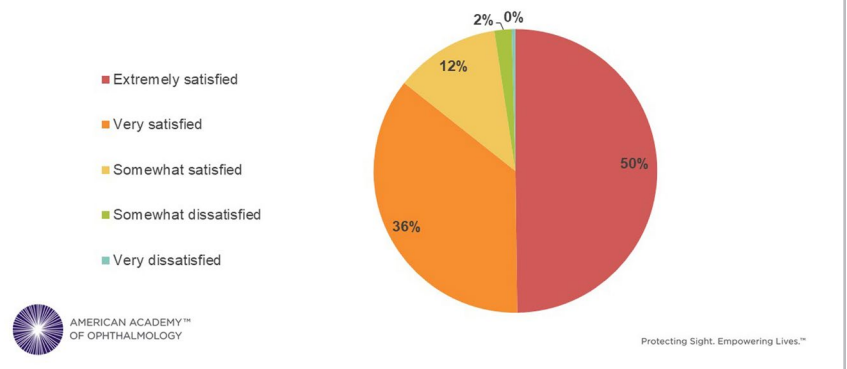
### Member Survey Results

The Academy conducts a biennial practice environment survey to learn about members' general attitudes toward ophthalmology and to gather information on practice demographics and patient services. The primary objective of the research is to capture practice environment statistics and gain a better understanding of member needs. The findings enable the Academy to develop programs and services that are truly responsive and relevant to the ophthalmology community.

The data below are from the 2017 survey conducted by Loyalty Research Center. The results are based on 980 responses (684 domestic practicing ophthalmologists, 296 domestic members in training) collected from a representative sample of the Academy's membership.

**U.S. practicing ophthalmologist members.** Overall, there has been no change during the past 10 years in the percentage of members who report practicing comprehensive ophthalmology, subspecialty ophthalmology, or a mix of both. However, there was a significant decline in the last 2 years of physicians in solo practice (32% to 26%). More than half of the solo physicians surveyed indicated ex-

## Satisfaction With Ophthalmology



**CAREER SATISFACTION AT AN ALL-TIME HIGH.** Nearly 9 of 10 domestic members are “extremely satisfied” or “very satisfied” with their decision to go into a career of practicing ophthalmology.

periencing a decrease in net income (some because they have transitioned into part-time practices); one-third plan to retire or sell their practice to become employees within the next 5 years. Additionally, only 2% of members-in-training conveyed interest in pursuing solo practice after residency training. Compared with 2015, more ophthalmologists in 2017 are offering ancillary services such as dispensing or fitting contact lenses (65% to 72%) and are providing refractive surgery (44% to 52%).

Regarding EHR adoption, 78% of members have EHR systems in their practice. Unfortunately, EHRs have not resulted in more productive workplaces: 56% of members say that their EHR has decreased practice productivity. Overall, only 38% rate the quality of their system as “excellent” or “very good,” 53% rate it as “good” or “fair,” and 10% rate it as “poor.”

Despite evolving changes with the regulatory environment and physician payment, satisfaction with ophthalmol-

ogy as a career is at an all-time high. Nearly 9 of 10 members are “extremely satisfied” or “very satisfied” with their career choice.

**U.S. members-in-training.** Members-in-training are individuals currently enrolled in a residency or fellowship program. Among residents, 61% plan to complete a fellowship before entering practice. Retina, cornea, and glaucoma continue to be the most popular subspecialties among domestic members-in-training.

Members-in-training also report an all-time high in satisfaction with their residency programs. Among these ophthalmologists, 80% rate their residency training as “excellent” or “very good,” compared with 71% in 2015. The top challenges and concerns that residents have related to when starting to practice are surgical complications, understanding business activities (billing, staffing, and administrative needs), being prepared enough to practice independently, and simply finding the right job.



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®

## TAKE NOTICE

### Seeking Outstanding Ophthalmologists

Would you like to nominate a colleague for next year's Outstanding Humanitarian Service Award? The Academy must receive your nomination by March 12, 2018. This award recognizes Academy fellows and members for outstanding contributions to humanitarian efforts, such as participation in charitable activities, care of the indigent, and community service. It acknowledges those who have performed above and beyond the normal duties of an ophthalmologist.

To obtain a nomination form, contact Member Services by phone, 866-561-8558 (toll-free) or 415-561-8581;



**ACADEMY TEAMS WITH THE NEVADA ACADEMY OF OPHTHALMOLOGY.** During the national convention of the American Legion at the Reno-Sparks Convention Center on Aug. 18-24, **Hardeep S. Dhindsa, MD**, Academy councilor representing Nevada, joined Reno area ophthalmologists to perform free glaucoma screenings and reinforce the importance of high-quality eye care. They assisted more than 100 veterans and their family members during the course of the convention. Veterans' eye care is a top priority for the Academy, which continues to partner with state ophthalmology societies to provide screenings during American Legion meetings.

by fax, 415-561-8575; or by e-mail, [member\\_services@aao.org](mailto:member_services@aao.org). You may also complete a nomination form at [aao.org/about/awards/humanitarian](http://aao.org/about/awards/humanitarian).

### Remember the Foundation on Giving Tuesday

After the holiday shopping rush on Black Friday and Cyber Monday, remember to kick off your year-end charitable giving on Giving Tuesday, Nov. 28. Entering its 6th year, this global day of philanthropy involves thousands of charitable organizations and encourages donating to initiatives that are important to you.

Please consider supporting Academy programs including the Ophthalmic News and Education (ONE) Network, EyeCare America, global outreach, and the Robert A. Copeland Jr., MD, Advocacy Education Fund. Your tax-deductible gift can be made in honor or memory of someone special.

To donate, visit [aao.org/foundation/giving-options](http://aao.org/foundation/giving-options).

### Donate Textbooks to Global Medical Libraries

Global Medical Libraries (GML) is an initiative to improve health care in developing countries by providing medical textbooks and other references to health care professionals. To date, GML has donated \$2.5 million in health science textbooks to 25 countries, at no expense to the recipients. This summer, SEE International partnered with GML to reimburse shipping costs to American ophthalmologists who donate textbooks to GML recipients with ophthalmology or optometry training facilities, such as the Magrabi IOC Cameroon Eye Institute.

For more information and to donate, visit [www.globalmedicallibraries.org](http://www.globalmedicallibraries.org) and [www.seeintl.org/gml](http://www.seeintl.org/gml).

### The 2016-2017 Foundation Annual Report

With donor support, the Academy Foundation funds education, quality of care, and service programs that are among the most innovative in all of medicine. Read *Together, We're Mak-*

*ing a Difference* at [aao.org/foundation](http://aao.org/foundation) to see how your colleagues are taking advantage of these initiatives to make a positive impact on patients' lives.

### MIPS and EHRs: Are You Planning to Apply for the Hardship Exception?

Advancing care information (ACI) is the EHR-based performance category of the Merit-Based Incentive Payment System (MIPS). It replaces the meaningful use program.

#### The significant hardship exception.

Clinicians can apply to be exempted from the ACI performance category if they are facing a significant hardship, such as insufficient internet connectivity.

**Application deadline may be changed to Dec. 31, 2017.** The proposed MIPS rules for 2018 included several provisions that—if included in the final regulations—would apply retroactively to the 2017 performance year. This includes a proposal that the deadline to apply for an ACI hardship exception be changed from March 2018 to Dec. 31, 2017. The final regulations were expected to be announced in October or early November but hadn't been published at time of press.

To learn more about ACI exceptions, go to [aao.org/eyenet/mips-manual-2017](http://aao.org/eyenet/mips-manual-2017) and select "Some Clinicians May Be Exempt From ACI."

## MEMBERS AT LARGE

### Dr. Maa Presents on TECS

April Maa, MD, was a presenter at the Veterans Affairs annual health care and technology Innovation Demo Day on Aug. 8 at Georgetown University in Washington, D.C. The Innovation Demo Day showcased 100 innovators discussing projects that they have created to improve the lives of veterans. Dr. Maa presented on Technology-Based Eye Care Services (TECS), a program for rural military veterans with vision ailments. Her presentation was titled "TECS: Beyond Screening." TECS is hosted by the U.S. Depart-



Dr. Maa



D.C. REPORT

## Collaboration Fuels Cosmetic Blepharoplasty Win

In August, CMS abandoned its decision to prohibit patient billing for cosmetic blepharoplasty. The Academy's success in helping to roll back this decision, thus preserving the procedure's billing, is the result of a year-long campaign, which stems from a partnership with the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). The joint effort showcases the effectiveness of sharing resources and expertise in advocacy.

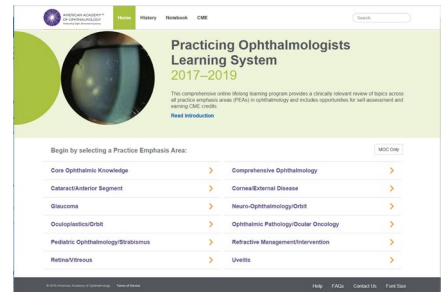
**Background.** In May 2016, CMS announced its decision to prohibit patient billing for cosmetic blepharoplasty. The Academy's community of ophthalmologists immediately objected. "The Academy brought in a skilled legal team and personal connections. ASOPRS brought the clinical realities to the table and a few of our connections, too. Additionally, we rallied specialties across medicine to support our cause, including the American Medical Association," said Stuart R. Seiff, MD, ASOPRS past president.

**How we won.** The Academy devoted significant resources to halting this ill-conceived payment policy, including:

- Enlisting legal and medical experts
- Soliciting the critical perspectives of oculoplastic surgeons
- Arranging 3 meetings between CMS and leaders from the Academy and ASOPRS
- Arguing that CMS has no legal basis to regulate cosmetic surgery
- Having oculoplastic surgeons explain to CMS the distinct differences between blepharoplasty and ptosis surgeries.

The Academy maintains that CMS acted through a fundamental misunderstanding of these eyelid surgeries. "The effort to overturn the May 2016 decision was a group effort and none of our organizations could have done this alone," said Dr. Seiff. "Our success can be a model for the cooperative efforts needed to allow us all to care for patients in this increasingly over-regulated environment."

to Hogan and Zimmerman of the classic *Ophthalmic Pathology: An Atlas and Textbook*. Bill had a unique and encyclopedic memory for ophthalmic details, and his absence will be deeply felt by all who knew him."



## ACADEMY STORE

### Simulate MOC Exams

Quickly identify and fill your knowledge gaps with the *Practicing Ophthalmologists Learning System, 2017-2019*. This tool has 4,000+ self-assessment questions. A 1-minute-per-question timer is now available, allowing you to simulate the MOC test-taking experience. If you have purchased this product previously, it has already been upgraded to include the new feature.

To purchase, visit [aao.org/learning-system](http://aao.org/learning-system); or get a 10% discount at the Resource Center (Hall G, Booth 3140).

### Read *Ophthalmology Retina* abstracts in *Ophthalmology*

The Academy created the *Ophthalmology Retina* journal in response to the growing volume of high-quality research within the retina subspecialty of ophthalmology. Abstracts from our new journal are published bimonthly in our flagship journal. Visit *Ophthalmology's* website, [aaojournal.org](http://aaojournal.org), to access the latest abstracts from *Ophthalmology Retina*. To subscribe to *Ophthalmology Retina*, visit the Academy Store at [store.aao.org](http://store.aao.org).

#### Launch celebration at AAO 2017.

Early subscribers and published authors of the new *Ophthalmology Retina* journal are invited to meet editor-in-chief Andrew P. Schachat, MD, and the editorial board. **When:** Monday, Nov. 13, 10:00-11:00 a.m. **Where:** Museum of Vision, Booth 3047.

ment of Veterans Affairs. It improves rural veterans' access to eye screening services for the most common causes of visual impairment.

### Passages

**William H. Spencer, MD**, ophthalmic pathologist, clinical teacher, and author, passed away on Sept. 24. He was 92.

Dr. Spencer served on the Academy's Board as Secretary for Continuing Education, as well as on multiple committees including the Centennial Committee, the *Ophthalmology* Editorial Advisory Committee, and the Museum of Vision Academy Archives Committee

(where he developed the oral history program). He also served as executive director and chairman of the American Board of Ophthalmology and president of the American Ophthalmological Society, among other ophthalmic leadership roles. He trained hundreds of residents and fellows, delivered multiple named lectures, received numerous honors and awards, and wrote hundreds of articles.

**Bruce E. Spivey, MD**, former executive vice president and CEO of the Academy (1978-1992), said, "Bill Spencer was a leading figure in ophthalmic pathology and the successor editor