



**SUBSPECIALTY/SPECIALIZED INTEREST SECTION  
MINUTES  
Sunday, October 13, 2019  
Westin St Francis Hotel  
San Francisco, Calif.**

**I. Welcome/Introductions and Review of Agenda**

Council Vice Chair and Section Leader Sarwat Salim, MD convened the Council Subspecialty/Specialized Interest Section meeting, introduced the Deputy Section leader and American Association of Pediatric Ophthalmology and Strabismus Councilor Mary Louise Collins, MD, welcomed the attendees\* and reviewed the agenda. The minutes from the Spring 2019 Council section meeting were approved as distributed.

**II. The Power of Mobile Devices: New AAO Ophthalmology Education App  
Purnima S. Patel, MD - Deputy Editor-in-Chief, ONE Network, AAO**

Dr. Patel discussed the Academy's rationale for developing its new Ophthalmology Education App. After ten years of growth, some parts of the Academy's ONE Network had become unwieldy, especially when using mobile. This was also coupled with the fact that there have been shifting trends between time spent on browsers versus apps with the majority of time on the later. The new mobile app is being supported through the centers and will make content across the centers and ONE Network more easily accessible and personalized than ever before. The app will be free, but Academy members will have the benefit of logging in to receive custom alerts for their practice area and content types of interest. With a one-time log-in to the app, the user will also seamlessly be directed to the ONE Network without need to log in further. The app will provide notifications about new content and services across the ONE Network and centers. Within the app itself, native videos (1-Minute), Diagnose This quizzes, and the latest Editors' Choice and headline news will be available. The Academy's EyeWiki is also being designed to fit within the app for easy access without going through Google or another search engine. Dr. Patel stressed the strong uptake since the Academy launched the app on March 17, 2019. In six months since launch, there are 14,500+ total users and 6,500+ Academy member-users. There are more than 6,000 active monthly users; 2,000 weekly users; and 600 daily users. Dr. Patel also noted the Academy's plans for future improvements in 2019-2020:

- Adding closed captioning for all videos
- Integrating commenting, recommending, and sharing of content
- Adding the Wills Eye Manual to member-only content
- Adding Journal feed from the ONE Network
- Incorporating a podcast area and;
- Adding practice guidelines.

**III. AAO/ Subspecialty Society Collaboration**

**A. Step Therapy and Other Challenges in Washington, D.C.**

**Cathy G. Cohen, Vice President for Governmental Affairs, AAO**

Ms. Cohen discussed the Centers for Medicare and Medicaid (CMS) decision to authorize a Step Therapy policy for Part B drugs under Medicare Advantage (MA) plans. The patient must fail first

on the plan's choice of treatment and this includes off-label compounded drugs. The Academy is questioning, "Avastin now, what next"?

The Office of the Inspector General's (OIG) recent report found that MA Plans are denying medically necessary services and taking actions to increase their profit; while only 1% of denials were appealed; 75% of denials were reversed and; it was especially burdensome for beneficiaries with urgent health conditions. As it stands today, the Academy knows of at least 8 plans imposing Step Therapy in 2019 and fully expects additional plans to initiate Step Therapy in 2020. Ms. Cohen highlighted Pacific Source, a small plan in the Northwest, as particularly egregious as patients need to first fail with the plan suggesting that failure is losing greater than 15 letters of visual acuity.

The Academy collaborated with subspecialty societies including AGS, ASCRS, ASRS and the Retina Society to develop a legal analysis that identified the vulnerabilities of the Department Health and Human Services (DHHS) faces on its decision to impose Step Therapy. Ms. Cohen highlighted some of these vulnerabilities including:

- o Complete reversal of longstanding interpretation without a change in statute
- o Lack of comment process
- o Conflicts with requirement that MA plans provide equal access to and coverage of Part B Drugs as original Medicare
- o Step therapy is a coverage tool that restricts access solely on basis of cost
- o Step therapy should be based on (best) clinical outcome

The Academy has already met twice with HHS Secretary Azar. He asked the Academy what additional patient protections should be included. One immediate response by the Academy was the clarification that a second eye should not constitute a new patient. In addition, the Academy wants to make clear that it should be the *physician* who gets to decide constitutes 'failure'. The Academy is also working to engage patients. To date, 240 patients and medical groups joined to write a letter to Congress on the Step Therapy issue. The Academy also included Step Therapy as one of our priority issues during the Mid-Year Forum and Congressional Advocacy Day in April 2019. The Academy wants to keep pressure on CMS from Congress in the form of coalitions and patient advocates. The Academy worked to ensure that all members of the GOP Doctors Caucus relayed to the Administration admin that Step Therapy is not good policy via a July 2019 letter. On the Democratic side, the patient advocacy group Medicare Rights Center is on the Academy's side. Beneficiaries can call and get legal advice on challenging medical decisions. The Academy is also supporting new legislation in the House and Senate to establish some patient protections under private/ERISA plans.

What can YOU/your society do?

Please help with efforts to educate patients. We are in Medicare open enrollment now and patients need to know their rights. Open enrollment for 2020 ends on December 7, 2019. Help your patients understand the treatment implications of their decisions and that they can switch back from Original Medicare from Medicare Advantage, or change Medicare Advantage plans. Every Medicare Advantage plan is different. For 2020, the Academy certainly expects many more plans to initiate Step Therapy. The Academy is working with other medical specialties to document the impact of Step Therapy on patients. The Academy continues to solicit ophthalmology patient stories on how Step Therapy is impacting them (email [healthpolicy@aao.org](mailto:healthpolicy@aao.org) and visit [aao.org/advocacy/step-therapy](http://aao.org/advocacy/step-therapy)). We are happy to help you develop op-eds on the impact to patients. CMS leader Seema Verma, MD, responded via letter to Congressional doctors, "If patients don't want step therapy, they have the option to choose a different plan".

Avastin Update

Ms. Cohen also provided a brief update on access to Avastin. She noted that outsourcing facilities are facing challenges meeting new testing standards required under the 2018 FDA

Guidance. This has resulted in Avastin shortages and increased prices for Avastin from most facilities. The Academy has responded by providing its members with updated Avastin availability and pricing. Additionally, the Academy has met with CMS and Medicare Administrator Contractors (MACs) advocating higher reimbursement for repackaged Avastin and has been able to successfully obtain increases from several MACs.

## **B. Veterans Affairs Advocacy**

**David E. Vollman, MD, MBA -President, AVAO**

Dr. Vollman provided section Councilors with an update on Veterans Affairs (VA) advocacy. He reviewed the current workforce of the VA. Ophthalmologists are located within 117 VA clinics. There are a total of 1252 VA ophthalmologists broken down as follows:

- 152 fulltime
- 590 part-time
- 163 fee-basis
- 347 without compensation/contract

Dr. Vollman reviewed the status of the VA Laser Directive, noting that it was the biggest potential threat particularly considering Senator John Boozman of Arkansas who is an optometrist. The Directive currently states that only ophthalmologists will perform laser surgery in VA facilities and the Directive is up for renewal in May 2020. During the 2019 American Optometric Association (AOA) advocacy day in D.C., the AOA raised federal scope-of-practice restrictions in its conversations with lawmakers. The Academy expects that organized optometry will seek to block the Laser Surgery Directive's renewal when it comes up in 2020.

Dr. Vollman also reviewed the VA Mission Act (Public Law 115-182) which Congress approved in May 2018. It serves to consolidate the VA's seven existing community care programs into one. This includes the Choice Program. The Act expanded the circumstances under which veterans can obtain non-VA health care. It removed travel and wait-time limitations and allows veterans to access non-VA care if they require services not offered by the VA. In addition, the VA Mission Act also established a prompt payment standard to ensure reimbursements from the VA to third-party care providers are paid in a timely fashion and requires that the VA pay interest on any late payments.

## **C. OOSS' Sterilization Practices Survey**

**Cathleen M. McCabe, MD – Councilor, OOSS**

Dr. McCabe reviewed the history of the Outpatient Ophthalmic Surgery Society's (OOSS) surveys regarding sterilization practices. Toxic Anterior Segment Syndrome (TASS) is an acute severe inflammatory reaction to a toxic contaminant introduced during intraocular surgery. Dr. McCabe noted that TASS is often misdiagnosed as infectious endophthalmitis. She reminded attendees that there was a large TASS outbreak in 2006 which led to the formation of a Task Force. Noted common risk factors include inadequate flushing and rinsing of headpieces; use of enzyme detergents and use of ultrasonic baths. In 2008, OOSS conducted its first sterilization survey which resulted in responses from 168 Ambulatory Surgery Centers (ASCs) representing a total of 455,709 procedures. The 2006 survey addressed key areas of sterile instrument processing and sterilizer management:

- Cleaning techniques for surgical instruments
- Preparation of instruments for sterilization and sterilization cycles
- Sterilizer selections
- Maintenance of sterilizer equipment
- Instruments

Results from the 2006 OOSS survey demonstrated that despite dissimilar cleaning practices, dissimilar sterilizers, and dissimilar sterilization time, excellent outcomes resulted. Dr. McCabe shared the results of the survey:

Endophthalmitis

- 52 facilities reported 95 cases
- 38 cultured positive
- 116 facilities reported no cases
- Representing a .02% rate of infection

TASS

- 16 facilities reported 88 cases
- Representing a .02% rate of infection

A second survey was carried out by OOSS member ASCs in 2014. It included 183 single specialty ASCs and studied 608,177 of the previous year's procedures. The overall infection rate was 0.02% and the overall TASS rate was 0.01%. The survey results also showed that over 97% of the facilities had an inspection by a regulatory agency within 3 years and 16.9% reported that they had been asked to change their cleaning or sterilization procedures.

Dr. McCabe discussed enzymatic cleaners for decontaminating intraocular surgical instruments. The manufacturer's instructions for use (IFU) that accompanies ophthalmic instruments and ultrasound cleaning baths often calls for the use of these cleaners. However, the necessity of enzymatic detergents for cleaning contaminated intraocular instruments has not been established. Contrary to some manufacturer's IFUs, the Task Force determined that enzymatic cleaners should not be routinely required. The 2014 survey found that 55.5% did not use an enzymatic cleaner and had no increase in the rate of endophthalmitis. Additionally, there are no studies that show that these cleaners decrease the rate of endophthalmitis and we know that they can elevate the risk of TASS. If you do use enzymatic cleaners, thorough and repeated rinsing with critical water is essential.

Dr. McCabe also discussed the reuse of phaco tips which can be cost effective. There is not a vendor standard - some allow reuse and others do not even when the material is the same. She noted that Moran studies have shown that repeated use of phaco tips do not degrade their efficacy while this remains off label by some IFUs. Adhering to all the IFUs for instruments is not always possible since there can be a mixture of instruments from different vendors on a typical tray. In such cases, it is most appropriate for physicians and nurses to exercise their best clinical judgement in establishing cleaning and sterilization policies and adhering to the most stringent policy is optimal.

Dr. McCabe discussed the confusion that exists regarding terminology between Immediate Use Steam Sterilization (IUSS) and short cycle with licensing agencies often using confusing terminology for short cycle. IUSS replaced flash sterilization and CMS determined this was not an acceptable as a routine method of sterilization. Following a meeting with the joint AAO/ASCRS/OOSS Task Force on Ophthalmic Instrument Cleaning and Sterilization (OICS) and CMS, it was decided that short cycle sterilization was acceptable (routine sterilization for wrapped/contained load where pre-cleaning was performed per IFUs with complete dry time and is packaged in a wrapped or rigid sterilization container). The OICS Task Force made the following recommendations:

- Unwrapped setting and short-cycle sterilization used in accordance with the IFU are appropriate for routine use in between sequential same day ophthalmic cases;

- Most of unwrapped instruments sterilized for sequential same day use should be promptly transported from the sterilizer to the OR within a covered containment device to prevent microbial recontamination and;
- The covered device should only be opened in the OR. If wet, sterile instruments should only be handled by sterile gloved and gowned staff in a sterile field.

Dr. McCabe reviewed an additional OOSS survey currently in progress in 2019. The survey was launched June 27, 2019 and is scheduled to close November 30, 2019. As of Oct. 6, 2019, 150 ASCs have responded. The survey serves to update the examination of sterilization practices from the 2008 and 2014 surveys. It also serves to provide an updated examination of the outcomes of endophthalmitis and TASS for 2017 and 2018. It will assess the utilization and impact of the joint AAO/ASCRS/OOSS Ophthalmic Instrument Cleaning and Sterilization Guidelines. Dr. McCabe noted to her Councilor colleagues to encourage ASCs to respond to the survey and noted that early survey results include:

- 500,000+ cases are represented
- Variability continues in sterilization practices with a comparative analysis in progress
- Cases involving Endophthalmitis and TASS represent less than .01 %
- 54% of ASCs utilize the joint AAO/ ASCRS/OOSS OICS Guidelines that were published in 2017
  - 18% Utilize ASORN Guidelines
  - 28% Utilize “Other” guidelines

Finally, Dr. McCabe discussed a study regarding *Attitudes Towards Waste in the OR* designed by David Chang, MD and being undertaken in collaboration with the OICS task Force and hosted by OOSS. This was launched on August 8, 2019 and also scheduled to close on November 30, 2019. This study serves to examine attitudes and opinions related to impact on carbon footprint, global warming and climate change, production and impact of OR waste. It looks at the role of device and supply manufacturers, the reuse of surgical supplies and instruments and multi-dose use of pharmaceuticals.

#### **D. Oculofacial Plastic Surgery Education Center – Plans for ASOPRS Web Site Kathleen M. Duerksen, MD – Councilor, ASOPRS**

Dr. Duerksen discussed the Oculofacial Plastic Surgery Education Center developed for the Academy’s ONE Network ([www.aao.org/asoprs-center](http://www.aao.org/asoprs-center)) and now also transitioning to ASOPRS web site ([www.asoprseducation.org](http://www.asoprseducation.org)) with the efforts of the ASOPRS Education Committee. Dr. Duerksen noted that the site includes in depth, up to date, peer-reviewed, comprehensive coverage of the most common and most important topics in oculofacial plastic surgery. It was initially published in 2015 and then completely updated this year. There are 122 articles in outline format and additional articles are coming soon. The articles are written specifically for the subspecialist and not for the general public. The site is heavily illustrated and fully referenced to assist specialists in using high-level evidence to develop best practice patterns. The site is mobile device-friendly, free and can be easily accessed by surgeons worldwide. The site’s content forms the heart of the formal curriculum for ASOPRS written qualifying exam and oral exam candidates. Dr. Duerksen acknowledged all the contributors to the Oculofacial Plastic Surgery Knowledge Center as well as members of the editorial committee and 2019 editors-in-chief, Simmy Lauer, MD and Ted Wladis, MD.

#### IV. Roundtable (All Section Councilors)

Council Vice Chair Sarwat Salim, MD moderated a roundtable which provided Councilor(s) from each society in the section to provide an update on the society's key priorities/challenges and to propose any potential Council Advisory Recommendation(s) (CARs).

- Regine Pappas, MD – Councilor, Women in Ophthalmology
  - Membership has grown
  - Held successful Summer Symposium in Couer D'Alene offering 26 CME hours
  - Key issues going forward:
    - o Listserve
    - o Speakers Bureau
    - o Compensatory pay
    - o Mentoring of YOs
    - o Support of telemedicine initiatives
    - o Increase global outreach
- Jonathan E. Ellis, MD – Alternate Councilor, Society of Military Ophthalmologists
  - o Experiencing administrative issues
  - o **18 years at war**
  - o **Proposed cuts of 70% over the next 3 years**
  - o **Advocating for patient access to good care**
  - o **Talking with VA counterparts**
- Audina Berrocal, MD – Councilor, Retina Society
  - o **Focused on two initiatives: 1) increasing participation and 2) creation of a research fund**
- Zelia Correa, MD, PhD – Councilor, Pan-American Association of Ophthalmology
  - o Increase in membership
  - o New President is Miguel N Burnier Jr, MD, PhD from Canada
  - o Major initiatives include expanding e-learning and cultivating activities within our special interest groups for YOs and Women
  - o Held 2019 Congress in Cancun, Mexico and continue to endorse guest speakers. 2020 will be regional meeting.
  - o Seeking ophthalmologist members from the Americas and beyond
  - o Priority areas include: ideas to promote women and minorities in ophthalmology; standardization of training in Latin America
  - o We have implemented the annual Rich & Chita Abbott Award for the best PAAO Curso de Liderazgo (leadership development) project. First Curso graduate was honored with award during AAO 2019;
  - o Mike Brennan Scholarship helps fund a Curso participant from a small country (i.e. Honduras, Paraguay, Nicaragua)
- Cathleen McCabe, MD – Councilor, Outpatient Ophthalmic Surgery Society
  - o In September 2019, held our strategic planning session to determine goals for the next 3 years. Plan to focus on:
    - Growing membership and strategic partnerships (AAO, ASCRS and others)
    - Strengthen advocacy and leverage OOSS University (info for ACS staff and administrators)
    - Enhance analytics – i.e. partner with AAO on benchmarking, etc.
    - Further develop our new charitable arm – the new OOSS Gives Foundation
    - Engage YOs
    - Expand our society membership / serve as a global resource
    - Advocacy issues – in-office based cataract surgery survey; private equity and what that means for ASCs and the delivery of care.
  - o Long-term executive director Kent Jackson will be retiring. OOSS has selected Diane Blank to replace him.

- Pleased to collaborate on the issue of sterilization of tonometer tips. (Sarwat Salim, MD was requested to provide more information to Dr. McCabe so that she can bring the issue before OOSS' leadership)
- Anat Galor, MD – Councilor, Ocular Microbiology and Immunology Group
  - Focusing on contact lens health (i.e. risks of overnight wear and cosmetic lens)
- Prem Subramanian, MD, PhD – Councilor, North American Neuro-Ophthalmology
  - Attendance increasing for annual meeting (700)
  - Concerned about fewer taking up neuro-ophthalmology as a profession – membership aging out and not being replaced
  - Collaborating with AAO and YO leadership
  - Idea to create a neuro-surgical pathway
  - New educational resources available online
  - Concerned about an increase in private insurers who are not paying for consultations (i.e. United & Cigna). Would like to collaborate with the Academy's D.C. office on this issue
- Chasidy Singleton, MD – Councilor, National Medical Association – Ophthalmology Section
  - Held a fantastic annual meeting with 32 hours of CME
  - Tomorrow (10/14/2019) will be our symposium at AAO 2019 focusing on the important issue of physician wellness. The highest burnout rates are amongst young and minority physicians.
- Richard C. Allen, MD, PhD – Councilor, International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO)
  - 50<sup>th</sup> anniversary of IJCAHPO recognized during AAO 2019 (with approximately 2000 attendees)
  - Issues include scope of practice for techs and workforce shortage
    - AAO awaits information from IJCAHPO on workforce shortage to being to jointly address the issue
- William Barry Lee, MD - Councilor, Eye Bank Association of America
  - Focus is primarily education
  - FDA workshop on contact lens rule
  - Support AAO activities around glaucoma, monthly eye care observances and the CDC Health Week
  - Peer-reviewed journal – Dr. Lee is the new editor-in-chief
  - Initiatives include contact lens education (video module) for ophthalmology residents; participation on the AAO Task Force on Myopia
  - EBAA joins the NMA-Ophthalmology Section and the Eye Contact Lens Association in acknowledging and thanking PAAO for its CAR regarding the audit and ensuring important voices remain as representative societies on the Council
- Paul B. Greenberg, MD -Councilor, Association of Veterans Affairs Ophthalmologists
  - Reiterate the importance of the Laser Directive which is up for renewal in May 2020.
  - Will carefully monitor the new Mission Act. We want to ensure good care for veterans in our VA system and offer quality resident education.
- Donald Budenz, MD, PhD – Councilor, Association of University Professors of Ophthalmology
  - Collaboration/jointly funding with AAO the Minority Ophthalmology Mentoring Program.
  - Large sea change for our profession: ACGME finalized the integrated PGY1 year: residents complete PGY1 year training at the same institution as their residency with a 3-year ophthalmology rotation. Long-term goal of AAO and AUPO: decrease the trajectory of subspecialty training and encourage more to go into comprehensive ophthalmology by doing an extra 3-months in PGY1 year. This goes into effect July 2021 and required by 2023. Programs that aren't in compliance by that time would then be potentially closed if they don't have a legitimate exemption for not integrating PGY1 year.
- Mary Louise Collins, MD – Councilor, American Association for Pediatric Ophthalmology & Strabismus
  - 1500 members

- Hold annual meeting in U.S. every year and also have 6-year partnership with global societies to hold an international meeting. The 4<sup>th</sup> international AAPOS meeting will be held in Nov.; 2019 in Sydney, Australia in collaboration with RANZCO. These have been very successful to date.
  - Striving for pediatric ophthalmologists to get active within their state societies on advocacy issues
  - *New* – Children’s Eye Foundation of AAPOS. Separate advisory board that will start fundraising with new vigor.
  - Efforts by the AAPOS Task Force on Adult Strabismus led to collaboration on an AAO Preferred Practice Pattern on Adult Strabismus.
  - Outreach effort regarding adult strabismus – goal to educate colleagues in optometry, neurology, etc. that there is help available for these patients
  - **Potential CAR:** AAPOS would like to consider development of a potential CAR with AUPO and perhaps other societies around the issue of ‘truth in advertising’. Some AAPOS members are training ODs to be physician extenders within academic institutions and state societies have approached AAPOS about their concerns as to how these ODs are listed on institution websites. The CAR could request that the Academy/other orgs. encourages institutions to list these OD faculty separately as ODs as opposed to, for example, ‘glaucoma faculty or pediatric ophthalmology faculty’.
- Emily Y. Chew, MD – Councilor, Association for Research in Vision and Ophthalmology
    - Focused on research
    - Membership at 11,000 with 48% outside the U.S. and from 75 countries. 40% are members in training
    - Working on getting human tissue to work on research – partnering with EBAA: Eye Find went live in May 2019 and connects researchers with Eye Banks.
    - Offering joint educational webinars with AAO. Very well attended – approx. 200
    - Beginning in 2020, will offer *Bench to Bedside* event to educate vision scientists on how to advance translational ideas to clinically applied products. First event will be May 2020 in Baltimore, Maryland in conjunction with ARVO’s annual meeting
    - New International Regional Meeting Series has been announced. First ARVO International meeting scheduled for Pacific Rim in October 2020. Great exposure for MITs.
- Russell Read, MD, PhD – Councilor, American Uveitis Society
    - Over 300 members with a growing international demographic. Over 25% of members are outside the U.S.
    - Primarily an educational organization. Hold three meetings per year, one in conjunction with AAO’s annual meeting, one in conjunction with ARVO’s annual meeting and then a Winter Symposium.
    - Continue to support the Academy’s Surgical Scope Fund
    - Have co-sponsored meetings along with other societies and the FDA: Devices and laser based imaging in ophthalmology
    - Held outcomes meeting for clinical trial in uveitis.
    - Concerns: Drug access/drug costs and flat out denial of coverage -especially for drugs such as Humera which is used for uveitis, quite expensive and is FDA-approved. Issues with insurance plans covering that
- Justis Ehlers, MD – Councilor, American Society of Retina Specialists
    - Membership is quite strong with over 3,000 members
    - 2019 annual meeting in Chicago had over 2,000 attendees
    - Advocacy concerns: patient access; physician choice; Step Therapy for both MA and private plans as well.
    - Hold *Business of Retina* meeting in late spring
    - Initiatives: developing more multiple media access via website and working to develop standards across fellowship programs
    - Medical Retina is a growing specialty
- Kathleen Duerksen, MD – Councilor, American Society of Ophthalmic Plastic & Reconstructive
    - Celebrated 50<sup>th</sup> anniversary
    - Highest attendance ever at the Fall meeting here in San Francisco



- Our young ophthalmologists group – YASOPRS – worked on video/historical vignette effort and family tree
  - Held successful campaign for our ASORPS Foundation. The foundation sponsors national and international educational, humanitarian and research activities in oculofacial plastic, reconstructive and orbital surgery.
- Bryan Lee Jr., MD – Councilor, American Society of Cataract & Refractive Surgery
  - Continue to collaborate with the AAO on issues impacting ophthalmology including Step Therapy, Compounding and mitigating cataract cuts
  - Foundation continues to increase its activities
  - Will continue to collaborate with AAO and other organizations
- Donald Morris, DO – Councilor, American Osteopathic College of Ophthalmology
  - We continue to work on philanthropic activities and evaluate/approve our residents requests for funding for missions.
  - Held 2019 assembly in Orlando, Florida. Keynote speaker Rob Melendez, MD, MBA did a fantastic presentation on physician burnout. Our next assembly will be in San Diego, followed by New Orleans and then tentatively Puerto Rico. All provide both MD and DO credit.
  - Continue to support the Surgical Scope Fund as well as encourage members to support OPHTHPAC
  - In the effort to move to a single accreditation system for our residencies, the good news is that a number of our programs have achieved their initial certification. The bad news is that a number of community programs that don't have hospital support will be sunset. That impacts 10-12 residencies slots per year. Residencies will be open to both MDs and DOs.
  - Regarding CAR 19-01 (*Recommendation on Maximum Brightness of New Headlights*) – on a personal note, at least 4-5 patients a day complain about this issue.
- JoAnn Giaconi, MD - Councilor, American Glaucoma Society
  - Two major initiatives: 1. push for fundraising for our Foundation. Our AGS Cares Program provides free glaucoma surgery to the uninsured; 2) Increase engagement of membership. There are a number of committees working on advocacy and education issues. Working to get younger members involved.
- Paul Edwards, MD / Edward Raab, MD – Councilors, American College of Surgeons – Advisory Council for Ophthalmic Surgery
  - 84,000+ members made up of mostly general surgeons but also certain percentage of surgical subspecialties including ophthalmology. A powerful voice for advocacy to CMS, pm the Hill, etc. Ophthalmology is the least visible segment and we need assistance to raise our profile. We try to maintain a vigorous presence. Plea to encourage membership among ophthalmologists. Simple online process for membership. Requires completion of residency, letters of recommendation from two fellows and an interview.
  - New programs include ACS *Thrives* working to transform healthcare resources to increase value and efficiency.
  - Held Leadership and Advocacy Summit In Washington, D.C. that includes leadership education and interactive advocacy training.
  - In two weeks, a Congress being held on Telemedicine
- Alison H. Skalet, MD, PhD - Councilor, American Association of Ophthalmic Oncologists and Pathologists
  - Also joins other societies in thanking PAAO for the CAR regarding the audit and ensuring important voices remain as representative societies on the Council
  - AAOOP's annual meeting was modified in 2014 to become a Subspecialty Day (bi-annual) alongside other AAO Subspecialty Days
  - Working with the Academy's IRIS Registry by developing minimum data sets for ophthalmic pathology and ocular oncology to integrate with IRIS.
  - Continues to support the Academy's Surgical Scope Fund
  - New initiatives include a social media initiative and formation of a YO group.
- Greg Lueder, MD – Councilor, American Academy of Pediatrics - Section on Ophthalmology
  - 60,000+ members including approximately 200 pediatric ophthalmologists

- o Excellent with advocacy and children's issues
- o Provide educational programs and initiate/review policy statements (i.e. ROP, child abuse, etc.)
- o Thanks for supporting CAR 19-05 (*Transition of Care for Pediatric Patients*). We have assembled a group to develop guidelines on the transition of care.

## V. Adjournment

Dr. Salim thanked the section meeting attendees and adjourned the meeting at 3:12 pm PT.

### \*Attendees

#### Councilors and Alternate Councilors:

Sarwat Salim, MD	Council Vice Chair
Mary Louise Collins, MD	Deputy Section Leader and Councilor, American Association for Pediatric Ophthalmology & Strabismus (AAPOS)
Richard C. Allen, MD, PhD	Councilor, International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO)
Audina M. Berrocal, MD	Alternate Councilor, Retina Society
Donald L. Budenz, MD, MPH	Councilor, Association of University Professors of Ophthalmology (AUPO)
Emily Y. Chew, MD	Councilor, Association for Research in Vision and Ophthalmology (ARVO)
Zelia M. Correa, MD, PhD	Councilor, Pan-American Association of Ophthalmology (PAAO)
Kathleen M. Duerksen, MD	Councilor, American Society of Ophthalmic Plastic & Reconstructive Surgery (ASOPRS)
Paul A. Edwards, MD	Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery
Justis Ehlers, MD	Councilor, American Society of Retina Specialists (ASRS)
Jonathan E. Ellis, MD	Alternate Councilor and President, Society of Military Ophthalmologists
JoAnn Giaconi, MD	Councilor, American Glaucoma Society (AGS)
William Barry Lee, MD	Councilor, Eye Bank Association of America (EBAA)
Anat Galor, MD	Councilor, Ocular Microbiology & Immunology Group (OMIG)
Paul B. Greenberg, MD	Councilor, Association of Veterans Affairs Ophthalmologists (AVAO)
Bennie H. Jeng, MD	Councilor, Eye and Contact Lens Association (ECLA)
Bryan S. Lee, MD, JD	Councilor, ASCRS
Jennifer Lim, MD	Councilor, Retina Society
Gregg T. Lueder, MD	Councilor, American Academy of Pediatrics (AAP), Section on Ophthalmology
Cathleen McCabe, MD	Councilor, Outpatient Ophthalmic Surgery Society (OOSS)
Donald A. Morris, DO	Councilor, American Osteopathic College of Ophthalmology (AOCO)
Regine S. Pappas, MD	Councilor, Women in Ophthalmology (WIO)
Edward L. Raab, MD	Councilor, American College of Surgeons (ACS) - Advisory Council for Ophthalmic Surgery
Russell W. Read, MD, PhD	Councilor, American Uveitis Society (AUS)
Chasidy D. Singleton, MD	Councilor, National Medical Association (NMA) - Ophthalmology Section
Alison H. Skalet, MD, PhD	Councilor, American Association of Ophthalmic Oncologists and Pathologists (AAOOP)
Sharon D. Soloman, MD	Councilor, Macula Society
Prem S. Subramanian, MD, PhD	Councilor, North American Neuro-Ophthalmology Society (NANOS)
Guests:	
Daniel J. Briceland, MD	AAO Senior Secretary for Advocacy
Ninita H. Brown, MD, PhD	NMA-Section on Ophthalmology / AAO YO Advocacy Subcommittee
Keith D. Carter, MD	AAO Past President
Eniolami O. Dosunmu, MD	AAP-Section on Ophthalmology member / AAO LDP XXI, Class of 2019
Benjeil Z Edghill MD	NMA-Section on Ophthalmology Chair
Sanjay D. Goel, MD	AAO Trustee-at-Large
Scott M. Goldstein, MD	AAO LDP XXI, Class of 2019

Jeffrey D. Henderer, MD  
J. Kevin McKinney, MD  
Robert F. Melendez, MD, MBA  
William F. Mieler, MD  
Basil S. Morgan, MD  
David S. Pao, MD  
Christopher J. Rapuano, MD  
Andrew P. Schachat, MD  
Gregory L. Skuta, MD  
Andrea Tooley, MD

AAO Secretary for Curriculum Development  
AAO Chair, Patient Education Committee  
AAO Secretary for Online Education  
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