

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

Dr. Van Gelder Is New *Ophthalmology* Editor-in-Chief

In February, Russell N. Van Gelder, MD, PhD, became the Editor-in-Chief for the Academy's flagship journal, *Ophthalmology*. In the past, Dr. Van Gelder has served as an editorial board member for *Ophthalmology*, *Ophthalmology Retina*, and *Ophthalmology Science*, and as a member of the journals' Editorial Advisory Board. Dr. Van Gelder is the chair of the University of Washington department of ophthalmology in Seattle, director of the Roger and Angie Karalis Johnson Retina Center, and holder of the Boyd K. Bucey Memorial endowed chair.

"I am deeply appreciative for the opportunity to lead *Ophthalmology*," Dr. Van Gelder said. "The journal is respected worldwide for the outstanding research it publishes, its high editorial standards, and its outstanding editorial board and staff. I look forward to continuing the journal's long history of excellence and service to our profession."

Dr. Van Gelder's laboratory, continuously funded by the National Institutes of Health since 1999, has been at the forefront of research in nonvisual photoreception and pathogen detection in uveitis. Nonvisual photoreception



DR. VAN GELDER. With Dr. McLeod's move to Academy CEO, Dr. Van Gelder is taking over the role of Editor-in-Chief of *Ophthalmology*.

is an unconventional kind of light sensitivity sometimes described as sensing light without sight. His team is also investigating an approach to reversing blindness from outer retinal degeneration that involves photoswitch chemicals that can be modulated by visible light.

"Dr. Van Gelder is a seasoned scientist, author, reviewer, and editor who has served our journal very well over the years," said Stephen D. McLeod, MD, who stepped down as Editor-in-Chief on Feb. 1 to assume the role of Academy CEO. "He brings a deep knowledge of science as well as an acute sense of the need that our profession and practicing physicians have for the most rigorously vetted information to guide our care."

New Parke Center Coming to Academy Headquarters

The Academy Board of Trustees has approved plans to create the Parke Center, a dedicated conference space

at the Academy's San Francisco office, named for former CEO David W. Parke II, MD. Designed by the Academy Foundation and funded by donors, the Parke Center at 655 Beach Street will dramatically expand the Academy's capacity to host board, committee, leadership development program, and industry meetings. Planning is still in the early stages, so keep your eye out for updates on this project.

Learn more or make a donation at aao.org/foundation/parke-center-fund.

Attend Mid-Year Forum 2022

Mid-Year Forum is one of the Academy's most significant yearly meetings, bringing the ophthalmology community together to focus on politics, policy, and practice management.

Mid-Year Forum 2022 takes place April 6-9 in Washington, D.C., and is an opportunity to directly advocate for your profession, learn about health care policy changes impacting your practice, and develop strategies to implement new patient care programs. Join Academy leadership and hundreds of your colleagues in D.C.

Congressional Advocacy Day. Help deliver important messages to Congress. On April 7, attend Academy-facilitated meetings with your members of Congress and their staff to advocate for the profession of ophthalmology. The Academy will provide talking points during a dinner briefing on April 6. (Learn more on page 82.)

Politics. Policy. Practice management. On April 7 and 8, attend sessions



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led by experts to learn about payment innovation, what goes on behind the scenes in Washington, the office of the future, medical waste, and ophthalmology's changing demographics. An additional session will feature reflections and insights on how ophthalmology brings joy to those who practice it.

Academy Council meeting. On April 8 and 9, join your colleagues from ophthalmic subspecialty and state societies to discuss issues facing ophthalmology. This is also an opportunity to advise the Board of Trustees on what you view as the highest priorities for the organization.

Register. Mid-Year Forum 2022 is open to all Academy members, and pre-registration is available through March 21 at aao.org/myf. The registration fee is \$325 after March 1 and onsite; the fee covers Mid-Year Forum materials and meals. There is an option to register to participate only in Congressional Advocacy Day for free through March 21.

FOR THE RECORD

Revisions to the Code of Ethics

Significant revisions to the Code of Ethics, approved by the membership in fall of 2021, went into effect Jan. 1. Members should familiarize themselves with these revisions, as all members are obligated to abide by the Code of Ethics as a condition of continued Academy membership.

Two new principles of ethics. Principle 10 (Healthcare Inequities) and principle 11 (Professional Civility) reflect current social awareness of health care inequities and professional and public discourse.

Revisions to rules. Revisions to Rules 2 (Informed Consent), 4 (Other Opinions), 5 (The Impaired Ophthalmologist), 6 (Pretreatment Assessment), and 10 (Procedures and Materials) reinforce the patient care focus of the rules and the responsibility of the ophthalmologist to place patient care above other interests or concerns.

Updates to administrative procedures. Revisions to the Administrative Procedures of the Code of Ethics are designed to identify new virtual options



MID-YEAR FORUM. This year's meeting will be the first in-person Mid-Year Forum since 2019 (pictured above). [Front row, left to right] Meron Haile, MD; Janice Law, MD; Andrea Tooley, MD; Grace Sun, MD; [back row, left to right] Arvind Saini, MD, MBA; Steven Christiansen, MD; Lindsay De Andrade, MD; and Paul Phelps, MD.

for hearings, strengthen the Code of Ethics' response to noncooperative members, clarify the process and the effect of sanctioning members, and, lastly, improve the process of seating an appeals committee and ensuring that the stated procedures for doing so address potential/perceived conflicts of interest.

The revisions are not retroactive.

Read the Code of Ethics at aao.org/ethics-detail/code-of-ethics.

TAKE NOTICE

Kantar Notice: A Request From EyeNet

Some of you may have been invited to participate in a magazine readership survey conducted by Kantar Media. If you are a fan of *EyeNet*, please participate. Being ranked among the most widely and thoroughly read ophthalmic publications enables the magazine to secure funding for projects that help you in the clinical realm and in your practice, like *EyeNet's* MIPS 2022: A Primer and Reference.

Step Up With EyeCare America

Give back to the community by volunteering with EyeCare America, one of the country's leading public service programs. You'll be joining a team of more than 5,000 ophthalmologists

across the country who are dedicated to protecting the sight of the most vulnerable in the community. And you can volunteer right from your office.

Since 1985, EyeCare America has helped more than 2 million people get sight-saving care.

Learn more and join at aao.org/eye-care-america.

Volunteer Opportunity: Attend Congressional Advocacy Day

The Academy's Congressional Advocacy Day is a unique opportunity to lobby members of the U.S. Congress on the issues that affect ophthalmology practices and patients.

The Academy coordinates congressional appointments, prepares participants with talking points on the key issues, and provides tips on effective lobbying.

Congressional Advocacy Day takes place April 6-7, in conjunction with the Academy's annual Mid-Year Forum in Washington, D.C.—but you do not have to attend Mid-Year Forum to participate in Congressional Advocacy Day.

Learn more at aao.org/cad and watch for other advocacy opportunities at aao.org/volunteering. (This is just one of many Academy volunteer opportunities.)

Ask the Ethicist: Is a Mandate to Rewrite External Prescriptions Acceptable?

Q: I practice in a large health administration system of multiple hospitals and clinics. Patients who have already received prescriptions outside the system may have them filed within the system. Our leadership has mandated the ophthalmology department to review, validate, and rewrite the prescriptions from outside providers with our signature. We have never examined these patients, nor do we have a patient/physician relationship with any of them. I believe this is unethical and may violate our state medical practice act.

A: If you were to follow the mandate as described, you would be in violation of the Academy Code of Ethics Rules 6, 9, and 10. Read these rules at aao.org/ethics-detail/code-of-ethics.

Rule 6 addresses pretreatment assessment of patients and states, in part, that “If (the) pretreatment evaluation is performed by another health care provider, the ophthalmologist must assure that the evaluation accurately documents the ophthalmic findings and the indications for treatment.”

Neither you nor your colleagues are able to “validate” prescriptions from other health care providers without examining the patients in person and determining whether other providers’ treatment recommendations are accurate and indicated.

Furthermore, signing prescriptions and documenting this action in patients’ charts without having examined these patients would violate Rule 9 of the Code, which states, in part, that “an ophthalmologist must not misrepresent the service that is performed” or “alter the medical record.” Documenting an examination that was not conducted is misrepresentation of the facts, and removing the community health care provider’s name from the patient’s care history may be seen as an alteration of the record.

Lastly, without personal evaluation of these patients to confirm recommendations for treatment, involved ophthalmologists risk a violation of Rule 10, which states in part, “Ordering unnecessary procedures or materials or withholding necessary procedures or materials is unethical.”

This mandate is simply not in the best interests of patients and adherence to it will risk violations of the Academy Code of Ethics.

To read the Code of Ethics, visit aao.org/ethics-detail/code-of-ethics.

To submit a question, email ethics@aao.org.

OMIC Tip: Responding to Requests for Refunds

Dealing with unanticipated outcomes and errors is one of the most difficult aspects of medical practice. OMIC encourages its policyholders to communicate honestly and compassionately with their patients about these topics. This may include an open discussion about refunds.

It’s important to acknowledge unex-

D.C. REPORT

Cutting Waste Can Help Lower Drug Costs and Ensure Patient Access

Drug costs continue to bedevil ophthalmologists, with many key factors beyond the surgeon’s control. But something surgeons can affect—drug waste—is drawing increased attention. The issue of drug waste, and how it can affect cost and patient access to drugs, will be a session topic at the Academy’s Mid-Year Forum 2022.

The problem. For many ophthalmic procedures, the surgeon opens a brand-new vial of medication, administers a fraction of the contents, then tosses the bottle, even if the patient will need a post-op prescription for the very same drug.

“The total cost of discarded medications potentially runs into the hundreds of millions of dollars,” said David J. Palmer, MD, from the Northwestern University in Chicago, who will speak at Mid-Year Forum 2022.

A 2019 *JAMA Ophthalmology* study evaluating drug waste at four U.S. surgical sites found “the greatest proportion of unused pharmaceuticals during phacoemulsification consisted of eyedrops, with cost estimates of as much as \$195,200 annually.”¹

In a 2021 *Ophthalmology* editorial, Wiley Chambers, MD, argued that policies requiring disposal of multidose vials after a single use “often lack a scientific basis and contribute to drug shortages that make it difficult for some physicians to obtain these products.”²

Possible solutions. Given the currently available technology for dispensing drugs used in surgery, the Academy and other industry leaders are considering 1) giving the remainder of the drug to the patient, especially if it’s needed via separate prescription for post-op treatment; and 2) using a multidose bottle to treat multiple patients.

Illinois ophthalmologists have led the way in pursuing the first option. Both the state medical and ophthalmology societies adopted policies supporting the practice, then worked with state legislators to pass a 2021 law that removed legal barriers to giving the leftover drug to patients.³ The medical groups also introduced a resolution on the issue for the American Medical Association’s November 2021 House of Delegates meeting.

For this first approach, the main challenges involve regulatory barriers and the feasibility of both appropriate patient education and compliance. The second approach—using a single vial for multiple patients—faces multiple challenges.

In surveys and other research, ambulatory surgery center staff often cite state or national guidance that they believe prohibits multipatient use of the drugs. But these restrictions often do not exist, according to Dr. Chambers.²

Learn more about how addressing eyedrop waste could reduce ophthalmic drug costs at Mid-Year Forum 2022, April 6-9. You can register at aao.org/myf.

1 Tauber J et al. *JAMA Ophthalmol*. 2019;137(10):1156-1163.

2 Chambers W. *Ophthalmology*. 2021;128(12):1667-1668.

3 Illinois General Assembly. Bill Status of SB0579. www.ilga.gov/legislation/BillStatus.asp?DocTypeID=SB&DocNum=579&GAID=16&SessionID=110. Accessed Jan. 20, 2022.

pected outcomes or errors as quickly as possible. Failure to do so may further alienate the patient and prompt a law-

suit. The physician should speak to the patient whenever possible rather than delegating this conversation to a tech.

Assure the patient that you are dedicated to quality care and that you take complaints seriously. When determining whether you are willing to waive or refund your fees, here are a few things to consider:

- You are not admitting liability if you waive or refund your own fees or agree to pay for additional care.
- The patient may still sue you if you waive or refund fees or pay for additional care.
- Contracts with third-party payers (including Medicare) may limit your ability to refund fees and waive co-pays.
- Some states do not require you to report fee waivers, refunds, or payment for future care in response to an oral demand, but many states require you to report payments made in response to a written demand.

For more guidance on this topic, visit www.omic.com/responding-to-requests-for-refunds.

MEETING MATTERS

AAO 2022: Gather

AAO 2022 will take place Friday, Sept. 30, through Monday, Oct. 3. Join your colleagues in Chicago for in-depth sessions, hands-on skills labs, instruction courses, and more.

Look for registration and program news at aao.org/2022.

Submit an Abstract Starting March 10

Shape the world's most comprehensive ophthalmology meeting by submitting a paper/poster or video abstract for AAO 2022. The online submitter opens on March 10 and closes on April 5.

For more information, visit aao.org/presentercentral.

Revisit AAO 2021 Virtual

Whether you registered for the 2021 in-person meeting in New Orleans or for the virtual meeting, you can still view AAO 2021 content online and earn CME credit (professional attendees only) through Aug. 1. Go to aao.org/myonlineproducts, log in, and choose the virtual product you registered for: AAO 2021 and/or Subspecialty Day.

Visit aao.org/2021 for more information.

ACADEMY RESOURCES

Don't Miss the Free 2022 Update on Cataract Webinar

On March 10, join Ashley R. Brissette, MD, and David F. Chang, MD, along with other cataract experts for the Academy's 2022 Update on Cataract. This free members-only webinar will feature an update on the study of antibiotic prophylaxis of postoperative endophthalmitis after cataract surgery, as well as the latest information on IOLs (extended-depth-of-focus, light adjustable, small-aperture, and trifocal).

For more information and to register, visit store.aao.org/the-2022-update-on-cataract.html.

Register for Virtual Codequest 2022

Codequest provides practices of every subspecialty with instruction from the most knowledgeable coding experts in ophthalmology: Joy Woodke (Academy Coding and Practice Management Executive) and Anthony P. Johnson, MD (AAOE Medical Director for Coding Products). The four-hour program will map out the latest coding updates, review key competencies, and steer you toward proven strategies for successfully preventing claim denials. Attend live on March 29 via Zoom or order the recording to watch on demand.

Learn more at aao.org/codequest.

Become an Ophthalmic Coding Specialist

Test your coding competency and earn important credentials with one of the online, open-book Ophthalmic Coding Specialist Exams.

The Ophthalmic Coding Specialist (OCS) Exam is designed to educate and assess comprehensive coding knowledge of MDs and other ophthalmic professionals.

The Ophthalmic Coding Specialist Retina (OCSR) Exam provides a unique testing opportunity for retina physicians and staff.

When you pass one of these 100-question, multiple-choice exams, you can use the applicable credential (OCS and/or OCSR) after your name for professional recognition of your skills.

Learn more at aao.org/practice-management/coding/ocs-specialist-exam.

PASSAGES

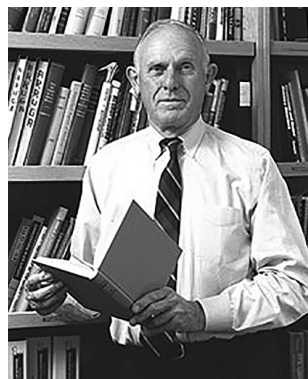
Dr. Scott Dies at 89

Alan B. Scott, MD, the ophthalmologist who developed Botox for medical use, died Dec. 16. He was 89.

Dr. Scott earned his medical degree at the University of California, San Francisco, interned at the University of Minnesota, and completed his residency at Stanford University Medical Center. He practiced pediatric and strabismus ophthalmology and was a senior

scientist and later a director of the Smith-Kettlewell Eye Research Institute in San Francisco.

During his research at Smith-Kettlewell in the '60s and '70s, Dr. Scott was able to use what had previously been thought of as a deadly toxin, *Clostridium botulinum*, to treat strabismus. The FDA approved



STRABISMUS PIONEER. Dr. Scott developed a strabismus treatment that involved an injection, rather than surgery.

this treatment, which Dr. Scott called Oculinum, in 1989. In 1991, he sold the drug to Allergan, where it was renamed Botox. Physicians have since discovered additional uses for the drug, including migraine treatment, and—most popularly—cosmetic procedures.

Dr. Scott was preceded in death by his first wife, who died in 2009 after 53 years of marriage. He is survived by his second wife and five children from his previous marriage.