Academy Notebook

NEWS • TIPS • RESOURCES

MID-YEAR FORUM 2021. *U.S. Reps. Larry Bucshon, MD (top, far right) and Ami Bera, MD (bottom, far left) joined Drs. Miller, Bailey, Chew, and Chiang in speaking to Academy and AAOE members at April's virtual Mid-Year Forum.*

WHAT'S HAPPENING

Highlights of Mid-Year Forum 2021

On April 23 and 24, Academy members met virtually to discuss some of ophthalmology's key policy and practice management issues with Academy leaders. *EyeNet* summarizes three key Mid-Year Forum 2021 sessions below:

Lessons learned during the pandemic. Academy President **Tamara R. Fountain, MD,** and CEO **David W. Parke II, MD,** led a discussion about how the lessons that ophthalmology learned from the unprecedented year of 2020 can be channeled to help improve resiliency of the profession and to face future challenges. **David C. Herman, MD,** the CEO of Essentia Health and Academy public trustee, provided his personal perspectives on the challenges faced by the health care system. **Joan W. Miller, MD,** the chief of ophthalmology at Mass Eye & Ear, highlighted the hurdles faced by academic medical centers.

Outlook for physician payment. American Medical Association President **Susan R. Bailey, MD,** highlighted medicine's agenda for Medicare reimbursement policy reforms on the horizon. The session also included two members of Congress who have advocated for issues of importance to ophthalmology and medicine. Academy Visionary Award recipients **Rep. Larry Bucshon, MD** (R-Ind.), and **Rep. Ami Bera, MD** (D-Calif.), outlined their respective visions for responding to the 2022 reimbursement cuts. And Academy Secretary for Federal Affairs **David B. Glasser, MD,** provided pearls for how ophthalmology can best survive the cuts, hitting on issues such as E/M codes, telemedicine, and productivity improvements.

Technology, AI, and telehealth. The COVID-19 pandemic precipitated the digital transformation of health care and exposed many physicians to new technologies and different ways of using technology. The Director of NEI Division of Epidemiology and Clinical Applications, Medical Office, **Emily Y. Chew, MD,** provided an overview of the future of digital ophthalmology. **Michael F. Chiang, MD,** NEI Director, focused on the digital transformation of research in ophthalmology, while Oregon Health & Sciences University professor of ophthalmology, **J. Peter Campbell, MD, MPH,** discussed advances in artificial intelligence in eye care.

View the Mid-Year Forum report at aao.org/myf.

TAKE NOTICE

June 15 Deadline: The IRIS Registry and EHR Changes

In some cases, practices that have integrated their electronic health record (EHR) system with the IRIS Registry (aao.org/iris-registry) may need to repeat the data mapping process.

A new or updated EHR system. If your practice has switched to a new EHR system or made modifications to your existing EHR system, you may need to repeat the data mapping process.

What changes to your EHR system may necessitate remapping? You may need to repeat data mapping if you

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have implemented a system upgrade or moved from a server-based to a cloud-based system.

Notify the IRIS Registry by June 15. If you think you may need to redo the mapping process, use a help desk ticket to notify the IRIS Registry vendor no later than June 15 (aao.org/iris-registry/submit-help-desk-ticket). If you miss that deadline, you might not be able to use IRIS Registry–EHR integration to participate in this year's Merit-Based Incentive Payment System.

Got Artifacts? Contribute to 2020 Time Capsule

From hurricanes and wildfires to public protests and unrest—and, above all, the COVID-19 public health emergency—2020 was a momentous year. What will ophthalmologists living in the 22nd century think of those 12 months, and what artifacts would you want to share with them?

Seeking objects for a time capsule. The Academy's Truhlsen-Marmor Museum of the Eye is collecting ophthalmic-related artifacts that represent 2020. These objects will be placed in the museum's archive via a time capsule that will be sealed for future generations.

Got artifacts? If you have something to be considered for inclusion in the time capsule, email museum@aao.org.

Watch for the Honor a Mentor Campaign, Coming Soon

Who has made a positive impact on your life? A mentor? A family member or friend? A colleague?

This summer, you'll have the opportunity to honor your mentor or other special people with a tribute gift to the Foundation. Share what this person means to you, and your story will be published on the Foundation's website. Your gift will also be featured in the Foundation's 2022 annual report.

Get started at at aao.org/foundation/honor-a-mentor.

Volunteer: Write Self-Assessment Questions

Want to help residents study for OKAP and other exams? Volunteer to write self-assessment questions for resident self-study. You will receive a list of topics and instructions for both writing questions and accessing the *Basic and Clinical Science Course (BCSC)* online. Approved questions will be used in the *BCSC* Self-Assessment Program.

Get started at aao.org/volunteering, then choose "Develop Interactive Content." (This is just one of many Academy volunteer opportunities.)

List a Training Opportunity

The Academy's Global Directory of Training Opportunities is an online resource for ophthalmologists seeking a training experience outside their country, and it's a great way for institutions or practices to reach the broadest pool of candidates. If you have a fellowship or observership that accepts ophthalmologists outside your country, list your opportunities in this free directory—it only takes two or three minutes to post.

1. Visit aao.org/gdto-submission.
2. Click "Submit a Training Opportunity."
3. Log in (this step will save you time later).
4. Enter opportunity information.

For more information, visit aao.org/training-opportunities.

Ask the Ethicist: Patient Noncompliance With Safety Protocols

Q: *A patient recently arrived for her appointment and refused to wear a mask and abide by the COVID-related safety protocols we have instituted at our practice. We inform all scheduled patients of our policies, and we have posted this information prominently on our website and in the office. How do we handle this situation?*

A: Clearly, your practice policies include established protocols for patient COVID screening by telephone and in the office. You have an obligation to protect yourself, your employees, and other patients from behavior that violates your safety protocols. Physicians are not obligated to treat all patients; some patients will not wear masks, and others cannot wear masks for a variety of reasons.

You might ask the patient to explain her reluctance to follow your COVID-19 protocol and educate her on the benefits of wearing a mask. If she still refuses to voluntarily abide by your policies, you can offer to reschedule her visit for a later date, arrange a telemedicine visit, or, ultimately, refer her to another practice. If reasoning with the patient does not change her behavior, it is acceptable to terminate the physician-patient relationship for nonadherence to your policies. However, first assess the immediate eye care needs of the patient. If she does not have an acute vision-threatening problem, you are not obligated to treat her in that moment and may refer her elsewhere.

The Ophthalmic Mutual Insurance Company (OMIC) offers sample form letters for terminating the physician-patient relationship at www.omic.com/terminating-the-physician-patient-relationship.

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

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

OMIC Tip: How to Comply With HIPAA Safe Harbor Act

Cyberattacks are becoming more frequent. In 2020, U.S. health care organizations reported 642 cybersecurity breaches, involving 500 or more records compared to 519 breaches of the same scale in 2019, and 368 breaches in 2018.

As an incentive for health care providers to increase their investment in cybersecurity for the benefit of regulatory compliance, and, ultimately, patient safety, the HIPAA Safe Harbor for Cybersecurity Act was signed into law in January 2021. The legislation amends the HITECH act, requiring the U.S. Department of Health and Human Services (HHS) to provide incentives to practices for implementing measures that meet HIPAA requirements.

To comply with the new bill, "recognized security practices" need to be instituted by your practice for no fewer than 12 months prior to an HHS investigation or HIPAA enforcement action or other regulatory review. Begin implementing these protocols now, so

that your practice will qualify for these safe harbor benefits, which can include easing of fines related to security incidents and early, favorable termination of an audit.

For more information, head to the OMIC article "March 2021 Bulletin: HIPAA Safe Harbor for Cybersecurity Act" (www.omic.com/2021-archives-risk-management-bulletin), which offers resources for specific guidance on standards, best practices, methodologies, procedures, and processes.

OMIC offers professional liability insurance exclusively to Academy members, their employees, and their practices.

ACADEMY RESOURCES

Track Your Wellness Goals

This month, the Academy wellness pages highlight wearable wellness trackers. Setting wellness goals is one thing; staying on track to achieve them is another. Try using apps and health

D.C. REPORT

Help Stop Optometry's Aggressive Push for State Eye Surgery

Optometry is using vague bill language and an aggressive, organized push to secure surgery privileges via legislative fiat, continuing to evade the medical education, clinical experience, and surgical training necessary to provide safe patient care. However, ophthalmologists can stand together to protect patients.

Optometry's vague bill language. Optometry's modus operandi includes vague bill language designed to give optometrists full autonomy and authority to perform complex procedures in and around the eyes. Optometric surgery bills are often drafted using a template that includes dangerous details such as:

- defining optometric authority by stating what can't be done, rather than what can be done—for example, excluding just 10 specific eye surgery procedures from optometric authority, which opens the possibility that they can perform almost any other procedure, including those yet to be developed;
- allowing full autonomy to be invested in the state optometric board to expand future optometric scope; and
- removing all medication prescribing and glaucoma referral safeguards.

These dangerous proposals have become law in the following states:

- In 2017 Alaska became the first state to grant full autonomy to a state optometry board.
- Alaska, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, and Wyoming are optometric laser and scalpel states.

Optometry's organized push for surgery. Optometric campaigns have become well-organized, targeted pushes for surgical authority. Six states have been battling optometric legislative attacks this year, with 11 states in line for possible action before the 2021 state sessions adjourn. In these active states, organized optometry has wasted no time persuading state senate and house leadership to sponsor and support their initiatives well before promoting their bills in the legislature.

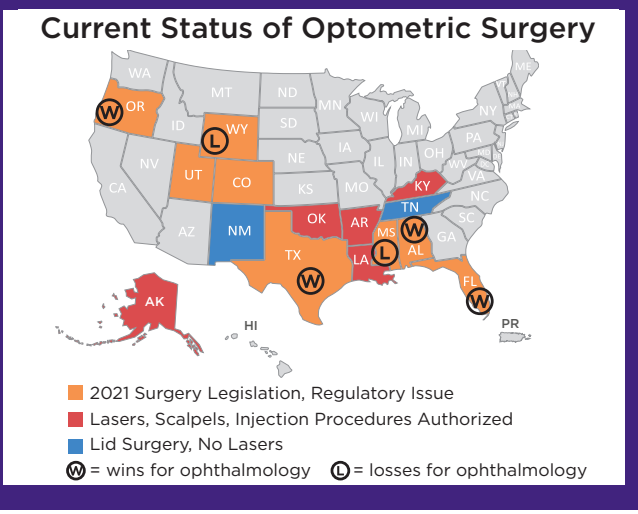
Patients' safety at risk. When optometric surgery bills pass, as they did in Mississippi in March and Wyoming in April this year, the burden of negative patient surgical care falls directly on the citizens of the state. For example, in Oklahoma, 2018 Medicare Part B claims data show that optometrists' claims make up 28% of Nd:YAG capsulotomies and 17% of selective laser trabeculoplasty procedures, surgeries optometrists still are not allowed to perform in 43 states.

How to protect patients. Fight against optometry's aggressive push for state eye surgery authority by donating money or your time and expertise.

Donate. Legislative advocacy, media coverage, and grassroots efforts, all of which are elements of a successful state campaign, require donations. Never have your contributions to the Surgical Scope Fund meant so much. Give generously to the Surgical Scope Fund at aao.org/ssf.

Advocate. Patients win when local ophthalmologists are active in the state political process—educating legislators throughout the year, talking with state legislators when in session, adjusting surgery schedules to testify when needed, and contributing to the campaigns of state senators and representatives who champion surgery by surgeons.

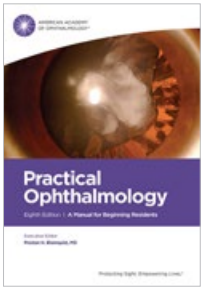
When ophthalmologists refuse to answer the bell, patients lose, surgery standards are lowered, and optometry steps in to fill the void.



trackers to monitor your progress and log your sleep, nutrition, and more.

Learn more at aao.org/wellness.

New Edition: *Practical Ophthalmology*



Practical Ophthalmology: A Manual for Beginning Residents, Eighth Edition, helps residents gain confidence in the early transition to becoming skilled practitioners. This new edition includes:

- instructions for 54 specific examination and testing techniques;
- discussion of ocular emergencies;
- a list of common ocular medications; and
- 20+ videos and interactive activities, accessible to both eBook and print users.

The print book ships in mid-June, and the eBook will be accessible then.

Learn more at store.aao.org.

Empower Your Practice With the Salary Survey

The salary survey is a free benefit for Academy, AAOE, and Outpatient Ophthalmic Surgery Society (OSS) members to benchmark their compensation and benefit packages and to provide useful salary benchmarks for those who employ optometrists, midlevel providers, and other staff.

Reports are available to participants only. The time to complete the survey is 10 to 30 minutes, depending upon the size of your practice. Reports are available immediately.

Get started at aao.org/practice-management/analytics/salary-survey.

Find the Right Fit Fast on the No. 1 Job Site for Ophthalmology

The Ophthalmology Job Center is the easiest way for hiring practices and qualified candidates to connect. Manage your search using the advanced platform. Employers can post jobs directly and target the most qualified ophthalmic audience, while candidates can search hundreds of listings by location and subspecialty.

Learn more at aao.org/jobcenter.

Watch the VBS Retina Olympics Webinar

In late March, the Academy collaborated with the Vit-Buckle Society (VBS) to host the Retina Olympics. The hour-long webinar recording is available free to Academy members. Topics include:

- Giant Retinal Tears, led by **Dhariana Acon, MD,** from the Pan-American Association of Ophthalmology;
- PPV vs. SB for Rhegmatogenous Retinal Detachment, led by **Jelena Potic, MD, PhD,** from the European Society of Ophthalmology;
- Rescue or Replace? The IOL Conundrum, led by **Jayanth S. Sridhar, MD,** from VBS;
- Syndromic Retinal Detachments, led by **Sulaiman Mohammad Alsulaiman, MBBS,** from the Middle East African Council of Ophthalmology;
- ERM Peeling Gone Wrong, led by **Diva Kant Misra Jr., MD,** from the Asia-Pacific Academy of Ophthalmology; and
- Foreign Body Sensation, led by **Janice C. Law, MD,** from the Academy.

View the full webinar at aao.org/annual-meeting-video/aao-vbs-webinar-retina-olympics.

PASSAGES

Dr. Tredici Dies at 98

Col. Thomas J. Tredici, MD, World War II veteran and respected ophthalmologist, died April 28. He was 98.

Influenced by his interactions with flight surgeons during his 18 combat missions, Dr. Tredici became an ophthalmologist in 1956. He was chief of the ophthalmology branch at the USAF School of Aerospace Medicine where he trained and influenced thousands of physicians and clinical staff during his long career.

Dr. Tredici

He is survived by his three children, two of whom also became ophthalmologists.

Savvy Coder Answers

Here are the answers for this month's E/M challenge (page 41).

Case A: Component 1—problems addressed: One acute, uncomplicated illness or injury (low-level problem; supports a low-complexity level of MDM). **Component 2—data reviewed:** An independent historian, such as a parent, was needed (limited level of data review; supports a straightforward level of MDM). **Component 3—risk:** Prescription drug management (moderate level of risk; supports a moderate-complexity level of MDM). The documentation would support a low-complexity level of MDM, and you could bill E/M codes 99203 or 99213.

Case B: Component 1—problems addressed: One undiagnosed new problem with uncertain prognosis (moderate-level problem; moderate-complexity MDM). **Component 2—data reviewed:** Independent historian and discussion of management with a pediatrician (moderate level of data review; moderate-complexity MDM). **Component 3—risk:** Prescription drug management (moderate level of risk; moderate-complexity MDM). The documentation would support a moderate-complexity level of MDM, and you could bill E/M codes 99204 or 99214.

Case C: Component 1—problems addressed: Chronic illnesses with severe exacerbation, progression, or side effects of treatment (high-level problem; high-complexity MDM). **Component 2—data reviewed:** Discussion of management with external physician (moderate level of data review; moderate-complexity MDM). **Component 3—risk:** Prescription drug management (moderate level of risk; moderate-complexity MDM). The documentation would support a moderate-complexity level of MDM, and you could bill E/M codes 99204 or 99214.