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# EyeNet®

SUPPLEMENT

## Improve Your Use of EHR

OCTOBER 2016



**Put Your Data to Work**

**Tap Into EHR's Unrealized Potential**

**Monitor Performance to Boost Outcomes**

**The IT Enthusiast's Guide to AAO 2016**

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## Improve Your Use of EHR

**TOOLS, TIPS, AND TACTICS.** This year, *EyeNet's* electronic health record (EHR) supplement explores how you can boost practice efficiency while improving patient care. Your colleagues share tips on steps they've taken that resulted in significant savings, as well as tactics for managing the change process. And the Academy's IRIS Registry provides 2 tools—the analytics module and the dashboard—that can be used in conjunction with EHRs to facilitate data-based practice improvement.

### 4 Put Your Data to Work

The IRIS Registry will launch its analytics module this month. It could be a game changer for ophthalmologists.

### 5-6 Tap Into EHR's Unrealized Potential

EHRs provide an opportunity for you to reengineer both patient flow and information flow in ways that will boost efficiency, save money, and improve patient satisfaction.

### 7-10 Use the IRIS Registry to Improve Outcomes

Here's how several practices' use of the IRIS Registry has prompted them to make changes. (Plus a quick tour of the dashboard, which is an easy way to compare your performance against that of your peers.)

### 11-15 The IT Enthusiast's Guide to AAO 2016

From cyber security to cognitive computing, choose from 56 information technology-related sessions. (Plus a heads-up on some exhibits that you won't want to miss.)

## MEET THE EXPERTS

**Denise Fridl, COT, COE, CPPM, OCS**, is chief performance officer at Asheville Eye Associates in Asheville, N.C. *Financial disclosures: None.*

**John T. Thompson, MD**, is cofounder of Retina Specialists, which has 3 locations in Maryland. *Financial disclosures: None.*

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**George A. Williams, MD**, is chair of ophthalmology at Beaumont Eye Institute in Royal Oak, Mich. *Financial disclosures: Alcon: C; Allergan: C,S; Covalent-Medical: O; ForSight: C,O; Johnson&Johnson: C; Neurotech: C,O,S; OMIC: E; OptiMedica: C,O; Retrosense: C,O; ThromboGenics: C,O; Vitamin Health: C.*

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**DISCLOSURE KEY:** C = CONSULTANT/ADVISOR; E = EMPLOYEE; O = EQUITY OWNER; S = GRANT SUPPORT.

## IRIS REGISTRY'S NEW ANALYTICS MODULE

# Put Your Data to Work

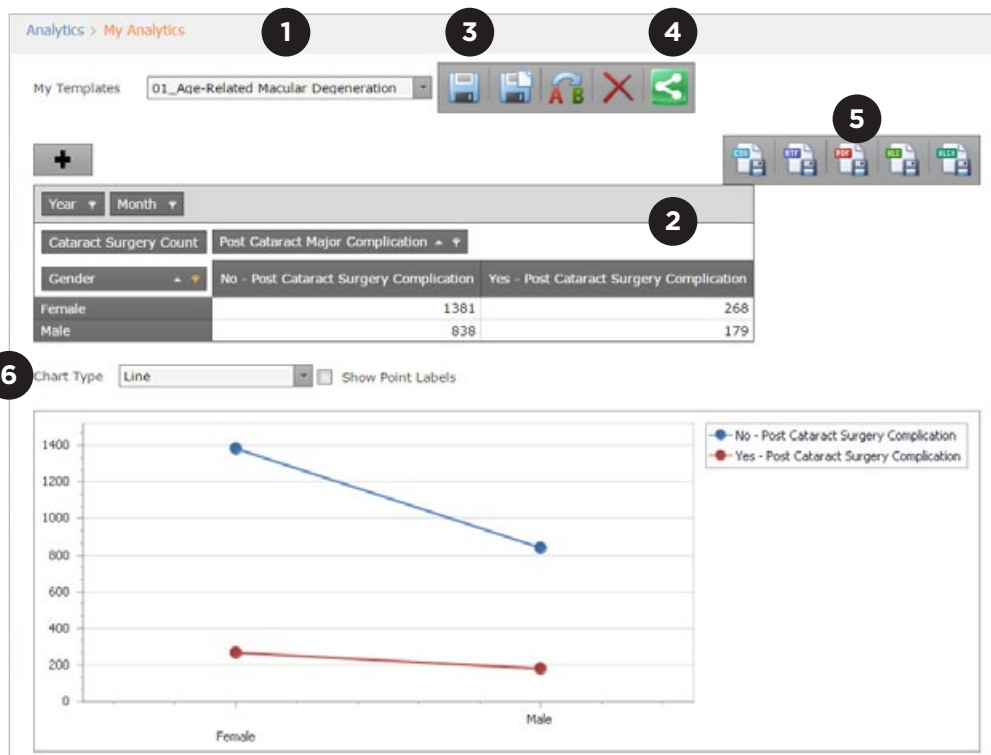
BY LESLIE BURLING-PHILLIPS, CONTRIBUTING WRITER, INTERVIEWING JOHN T. THOMPSON, MD, AND GEORGE A. WILLIAMS, MD.

Physicians often analyze personal performance based on anecdotal evidence about how their last patient or group of patients fared, but the IRIS Registry is a game changer for ophthalmologists, according to retina specialist George A. Williams, MD, chair of ophthalmology at Beaumont Eye Institute in Royal Oak, Michigan.

**Take a deep dive into your data.** By integrating your electronic health record (EHR) system with the IRIS Registry, you can start examining your data using the IRIS Registry's new analytics module, which launches at AAO 2016. "It provides us with a way to demonstrate the true value of eye care and its impact on patient's lives.

The more I drill down into the data, the more impressed I become with its potential clinical utility and ability to make us better doctors," said Dr. Williams, who is among the pilot users of the analytics module.

**Enjoy easy access to your data.** The analytics module allows users to "perform 'what ifs' and analyze their outcomes in many ways," said John T. Thompson MD, a retina specialist based in Maryland. He pointed out that the ophthalmology EHRs may be great repositories for information, but virtually none of them make it easy to analyze items such as visual acuity outcomes after eye surgery or how well a particular operation controls the intraocular pressure in patients with glaucoma. "The IRIS Registry is the Academy's attempt to translate that data into a common database and thus improve eye care. The analytics module is an important step in this endeavor," he said. While the new analytics module allows you to customize your own reports, you also can use the dashboard to see how you compare with your peers on the IRIS Registry's standard measures (see page 8).



## How to Get Started

After logging in to your IRIS Registry account, click "Analytics" in the left-navigation pane to access a drop-down menu, and then click "My Analytics," which will bring up the screen shown above. Next, use (1) the "My Templates" drop-down menu to select from a list of your practice's analytics reports.

**It has never been easier to take a hard look at your data.** To edit this report, position the pointer over (2) the gray bar and right click your mouse to access the Field List pop-up screen. Within that pop-up, you can drag a filter (e.g., age group) into a filter area (e.g., row area), and then click "Update" to add the filter. You can (3) save reports, (4) share them with other people in your practice, and (5) export them into various file formats.

**Choose a chart format.** Use (6) a drop-down menu to choose from 49 different chart types. If you want to use your data in a presentation, you can right-click your mouse to save the chart as an image file.

## HOW PRACTICES HAVE BEEN REENGINEERING PROCESSES &amp; BOOSTING EFFICIENCY

# Tap Into EHR's Unrealized Potential

BY LESLIE BURLING-PHILLIPS, CONTRIBUTING WRITER, INTERVIEWING DENISE FRIDL, COT, COE, CPPM, OCS, ROBERT E. WIGGINS JR., MD, AND JOY WOODKE, COE, OCS.

**B**efore the advent of electronic health records (EHRs), work flow was limited by the constraints of the paper chart. However, EHR adoption provides practices with opportunities to reengineer both patient and information flow in order to boost efficiency, save money, and improve patient satisfaction. This article describes how several practices have accomplished that, including the challenges they have overcome and tips for success.

## Make the Most of Your EHR

**Invest time in planning.** Before ever making any physical changes to their work space, practices should conduct substantial research to ensure that these changes will produce the desired outcomes. “We spent a lot of time planning before revamping work flows and training our staff,” said Joy Woodke, COE, OCS, practice administrator at Oregon Eye Consultants. “Then, we only undertook a phased implementation, which I believe led to our success and the improved efficiency we experienced. Because of this, we were never forced to reduce clinic schedules and were able to ensure that our physicians could see the same number of patients that

they had prior to implementation.”

**Reconfigure or remodel your office layout.** In order to make procedural changes, it is likely that office space and work flow will also need to change. This may simply be a matter of reconfiguring the existing environment, but a complete remodel might provide additional benefits. “I am a firm believer that work flows must be designed to support the electronic environment,” said Ms. Woodke. “To do so, you have to think conceptually about preparing for patient encounters. Our exam rooms were originally designed for paper charts, so until we were able to remodel our office, we added a computer at the sink or countertop to accommodate the initial change. Since then, we had the opportunity to remodel the space. In addition to making everything ergonomically correct, we also wanted to make sure that patient interactions flowed easily in the exam room. To accomplish this, we configured each room identically so that anyone entering quickly knows where to go. Further, after we stored our paper charts off site, we were left with considerable space that could be utilized to improve clinic flow. This boosted our efficiency tremendously because we were able to develop

## Get on Top of Your Bottom Line

Conversion from paper charts to electronic records can have a tremendous impact on your bottom line. According to Dr. Wiggins and Ms. Fridl, the implementation of EHRs helped their 12-physician practice—Asheville Eye Associates in North Carolina—reorganize patient flow and become more efficient in the following ways:

**Paper medical records were eliminated,** which made searching for and creating charts obsolete—this saved the practice 5 full-time employees (FTEs) over 5 years, or \$136,931 annually by year 5.

**Scheduling was centralized,** such that schedulers access med-

ical records from one “electronic” location—this saved 3 appointment schedulers, or \$106,530 annually by year 5.

**Transcription was implemented,** and charts are now signed at the end of an exam—this saved 3.5 FTE, or \$117,096 annually.

**Scribes were trained to perform new tasks** such as posting physician-selected charges and scheduling follow-up appointments—this saved the practice 8 FTE, or \$233,902 annually.

**Efficiency in workup time was improved**—a pre-EHR average workup time of 18 to 22 minutes per patient

was decreased to 12 to 15 minutes per patient, post-EHR.

### Several processes can now be done electronically:

- Consent forms are now electronically signed.
- Medication verifications and prescriptions can be sent electronically to the pharmacy.
- DICOM gives practices the ability to order, view, and interpret images electronically. (At AAO 2016, visit the Electronic Office; see page 11.)
- Optical prescriptions are sent electronically to the optical dispensary.
- Surgery scheduling orders are sent electronically to schedulers.



a circular clinic pattern that guided our patients through each of the steps of the encounter quickly and efficiently,” Ms. Woodke said.

**Revise job descriptions as needed.** Making use of each staff member’s unique skill set will increase your practice’s efficiency and productivity. It may take some time to redefine roles and responsibilities, however. Practice administrators should be in tune with their team and hone job duties accordingly. “It is a matter of looking at staff members—regardless of department—and identifying each person’s strengths and weaknesses and determining how that person will ‘shine,’” Ms. Woodke recommended. For example, “at first, we expected all of our technicians to act as scribes, but we quickly learned that some are better at scribing, and others are more proficient with patient workups. We drafted work flows, tested the processes, and found some performed better with computers, typing speed, and multitasking than others and therefore made better scribes,” she noted.

**Reduce physician workload.** The addition of scribes to your team can significantly reduce a physician’s workload and improve efficiency. For example, the scribe should be trained to know that with a particular diagnosis, the physician wants certain information readily available to review—such as specific tests, chart notes, or images—and should be able to cue up the relevant screens in the order that they’re needed. “Hiring scribes for our physicians was one process change that really enhanced our efficiency,” said Ms. Woodke. “The key to making this process successful is [the scribe] knowing what information is necessary and having it prepared, so when a physician is with a patient, several screens are already displaying all of the information he or she needs. With paper charts, this took considerably more time.”

## Shopping for EHRs

According to the experts, when shopping for an EHR system, practices should make a list of all the processes they perform in a paper-based environment, from how to record a phone note from a patient to how a physician signs off on a chart or how a refill is submitted. Then ask vendors about the corresponding electronic processes. The fewer steps required to achieve an action, the better.

**Visit a vendor at AAO 2016.** Go to [aao.org/2016](http://aao.org/2016), and click “Exhibition,” click “Exhibition” on the resulting drop-down menu, and then click “Virtual Exhibition” to find out who’ll be exhibiting in Chicago.

**Get the comparison chart.** When you’re at the convention center, you can also pick up the Subspecialty Day edition of *Academy News*, which includes detailed specifications—including AAO 2016 booth numbers—for 17 EHR systems.

**Find out what your colleagues think.** Join the online discussion at [aao.org/practice-management/electronic-health-records/discussions-reviews](http://aao.org/practice-management/electronic-health-records/discussions-reviews).

**Boost patient satisfaction.** Changes in work flow can also dramatically improve patient satisfaction. Because EHRs provide a patient’s information with a few keystrokes, phone triage becomes much more efficient. Phone notes can be documented and immediately forwarded to a technician within seconds as opposed to pulling a paper chart and walking through the clinic to address the caller. “This is also advantageous because I can have anyone at either of our offices return patient phone calls,” said Ms. Woodke. With paper charts, that interaction would be limited to the physical location where the chart is stored. “We have found that patients appreciate that we can address them promptly,” she said.

Denise Fridl, COT, COE, CPPM, OCS, agreed and added, “the accessibility of records to on-call physicians, and from any office immediately, has been a tangible benefit. In addition, our patient portal enables our patients to electronically access their records, request refills, make appointment requests, pay bills, and order contact lenses. Each of these processes has led to better patient care and satisfaction.” Ms. Fridl is chief performance officer at Asheville Eye Associates.

## Manage Change

**Guide your staff through changing roles and processes.**

Because people tend to be resistant to change, successful implementation of any new routine or concept is dependent on the involvement of your staff from the point of inception, beginning with clear communication about the pending changes, your expectations, and how these changes will be beneficial to everyone. Pediatric and neuro-ophthalmologist at Asheville Eye Associates, Robert E. Wiggins Jr., MD, recalled what happened at his practice. “We initially experienced resistance from some of the technicians and doctors at our clinics. We found that by implementing processes over time and highlighting the resulting improvements, we were able to promote acceptance. We initiated the changes in 2 clinics and then made organization-wide conversions throughout the remainder of our offices. Initially, there was a reduction in productivity, but with positive leadership and working through these changes with our staff, productivity returned to normal and then increased per provider.” Although it may be easier to allow your staff to create a process that works well for them, “it is the responsibility of management to ultimately make sure that the process followed is one that is most efficient and functions like a finely tuned orchestra performing in harmony.”

**Pay attention to software upgrades.** From time to time, you’ll need to tweak your EHR system as software upgrades occur and new equipment is acquired. However, be cautious about installing new versions of software. Not all upgrades are created equal, and some may actually decrease performance. “New functionality can result in glitches in the system,” warned Ms. Woodke. “You might trade 1 useful tool for 5 problems. Take the time to look at the new version to determine whether or not it will help with your current processes. And if it is incorporated into your work flow, these processes may need to be modified or redocumented.”

## DATA-BASED PRACTICE IMPROVEMENT

# Use the IRIS Registry to Boost Outcomes

BY LESLIE BURLING-PHILLIPS, CONTRIBUTING WRITER, INTERVIEWING DENISE FRIDL, COT, COE, CPPM, OCS, JOHN T. THOMPSON, MD, GEORGE A. WILLIAMS, MD, AND JOY WOODKE, COE, OCS

**T**he IRIS Registry is the world's largest comprehensive eye disease and condition data repository and reporting tool. "The Academy is a leader among medical subspecialties and outpatient care in its development of the IRIS Registry, which is a unique and innovative resource that enables end users to monitor and receive constant feedback about their performance on a variety of measures," said John T. Thompson, MD, cofounder of Retina Specialists in Maryland, who was an early user of the IRIS Registry.

"Its functionality and application to clinical practice are continually evolving. And, as federal health care rules and regulations become more specific, these outcome measures will increasingly influence patient care and will eventually

reach the crux of what quality is all about," he said.

Here's how use of the IRIS Registry has prompted several practices to make procedural changes that improved performance and patient care. They share their secrets for success.

## The Benefits of Registry Participation

Under the Physician Quality Reporting System (PQRS), physicians must meet or exceed federal requirements in order to avoid incurring penalties. The IRIS dashboard is the easiest way for practices to see where they currently stand with their performance on PQRS measures. Similarly, when PQRS evolves into the quality performance category of the Merit-Based Incentive Payment System, the IRIS Registry will be the tool of choice for fulfilling the program's requirements. (Although protecting your bottom line may be your initial motivation for incorporating the IRIS Registry into your practice, there are also a variety of other advantages.)

**Get real-time feedback on performance.** Prior to the development of the IRIS Registry, ophthalmologists were relegated to reporting on specific PQRS measures in a basic "yes/no" format via their electronic health record (EHR) system to Centers for Medicare & Medicaid Services (CMS). "The problem with this," explained Dr. Williams, "is that after the data are submitted, we do not have an assessment of our performance until the final report is generated months later. This can be frustrating, because if you do not meet certain criteria, you may not know why. As a result, you are unable to determine how to correct problems, so growth and improvement are unlikely. However, I can go to my dashboard on the IRIS Registry and look at the performance measures at any time to see how I am doing. In addition to revealing any shortcomings, the registry provides confirmation when performance is on target. This is important to note because if you are meeting or exceeding a particular benchmark, the allocation of resources and time are likely unnecessary in that area and therefore can be used in other capacities."

**Identify areas that need improvement and track progress over time.** If you find that you are not performing as well as you should for a particular measure, the IRIS Registry allows you to monitor your progress as you make efforts to reach your goal. These changes can be tracked in a variety of graphical formats, making it easy to follow improvements (and deficits). Dr. Williams described what occurred when his

## The IRIS Registry at Large

**Provide data for research.** The Academy and interested researchers (through proposal submission) can use IRIS Registry data to ask and answer important questions in ophthalmology using much larger data sets than are accessible in clinical practice—from tens of thousands of ophthalmologists and millions of patients. "That is data on a scale that we have never seen before, and we are very excited about the potential to analyze it on a variety of levels in order to determine optimal clinical outcomes for our patients," said Dr. Williams.

**Data can support ophthalmology's case during regulatory battles.** "The IRIS Registry also gives us great strength as we go before policy makers to discuss the value that ophthalmology provides to the health care system," said Dr. Williams. Last year, for instance, the Academy analyzed data to determine whether patients "who were injected with Avastin experienced a higher or lower infection rate than those who received noncompounded drugs. It was determined that the rates of infection were essentially the same," said Dr. Thompson. This data disproved assertions that noncompounded drugs should be injected into the eye because of an alleged elevated risk of infection.

practice determined that its performance for measure number NQF 0089—Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care—was lagging behind their expectations. “We thought that we had been doing a pretty good job of fulfilling this measure, but we discovered a glitch in the execution of this process. Although a physician may have thought that the letters were being sent, they were not. As a result, our performance suffered. However, we identified the issue during the first quarter of 2015 and it was resolved in a timely manner. Then we noted a steady increase throughout the year until we were able to achieve the registry benchmark,” he said.

**Increase efficiency.** Currently, most practices primarily use the IRIS Registry to fulfill the meaningful use program’s Clinical Quality Measures (CQM) and PQRS obligations as mandated by CMS. Although Oregon Eye Consultants has an option through its EHR vendor to meet these measures, it prefers to submit its quality measure compliance attestation through the IRIS Registry instead because “the process is seamless. Once our system was connected with the IRIS Registry, they could extract all the required information,” said practice administrator, Joy Woodke, COE, OCS. Denise Fridl, COT, COE, CPPM, OCS, agreed. She explained that

she leveraged the IRIS Registry to her advantage by “creating systematic documentation that is stored in the same location by all providers, which improved practice efficiency and organization immediately.” Ms. Fridl is chief performance officer at Asheville Eye Associates in Asheville, N.C.

**Revise processes.** Using the registry can bring attention to processes that need modification in order to work smoothly. For example, Ms. Woodke looked at the measure for closing the communication loop to referring physicians. “It was simply a matter of having a conversation with the IRIS Registry’s support team and determining that we needed to name the letters more specifically so that they could be extracted from our system from an identifiable location. Once we updated the parameters, the data transfer was effortless.”

### Tips for Success

**Create a chain of command.** Although the administrative side of practices are structured slightly differently, a physician or staff person who is specifically trained to operate and understand the analytics of the IRIS Registry should monitor each physician’s performance on a regular basis—at least monthly—and report any shortfalls to those who are not meeting the required benchmarks. When physicians at

## CHECK THE DASHBOARD:

### Are You Above, in Line With, or Below the Benchmarks?

Log into your IRIS Registry account and view a dashboard screen that lists all the IRIS Registry’s measures. Fig. A shows the first 4 measures from that dashboard.

**Quick information on each measure.** (1) Each measure is color-coded so that you can see at a glance whether you exceed (green), fall within range of (yellow), or fall sig-

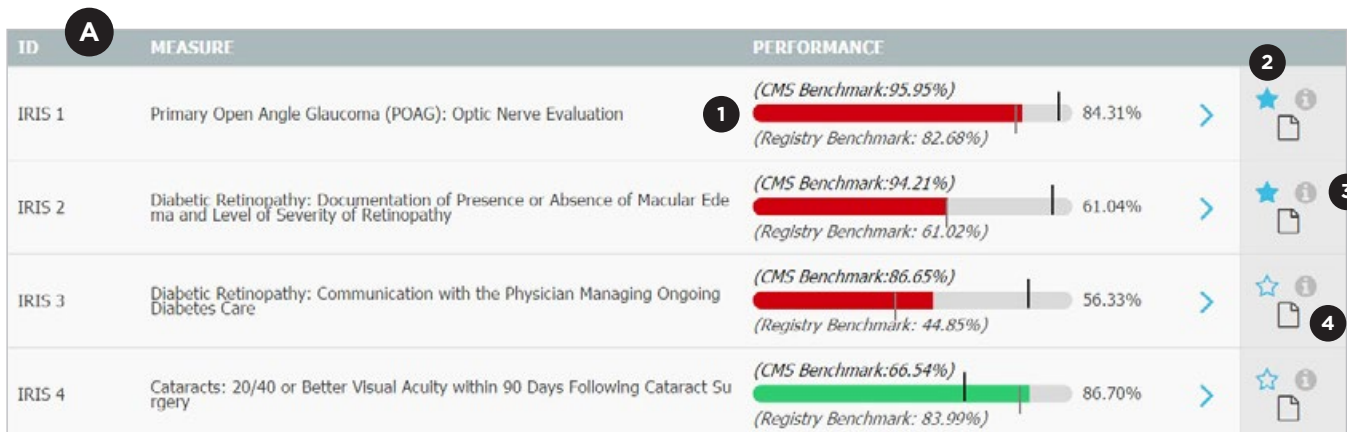
nificantly below (red) IRIS Registry benchmarks, which represent the average performance on that measure for all IRIS Registry participants.

(2) Click on the star (★) icon to save that measure to your favorites list, which allows you to customize your dashboard so that you see only the measures that are most relevant to you.

(3) Click on the information (i) icon to see whether a measure is an “inverse” measure, in which case a lower performance score corresponds to higher quality.

(4) Click the page (📄) icon for a PDF that provides detailed information on a particular measure’s criteria.

**Break down your data.** As shown in Fig. B, a practice can review the





her practice do not meet the requirements, Ms. Fridl sends an educational email or has a one-on-one communication to remind them of the requirements, and she offers suggestions for improving their performance.

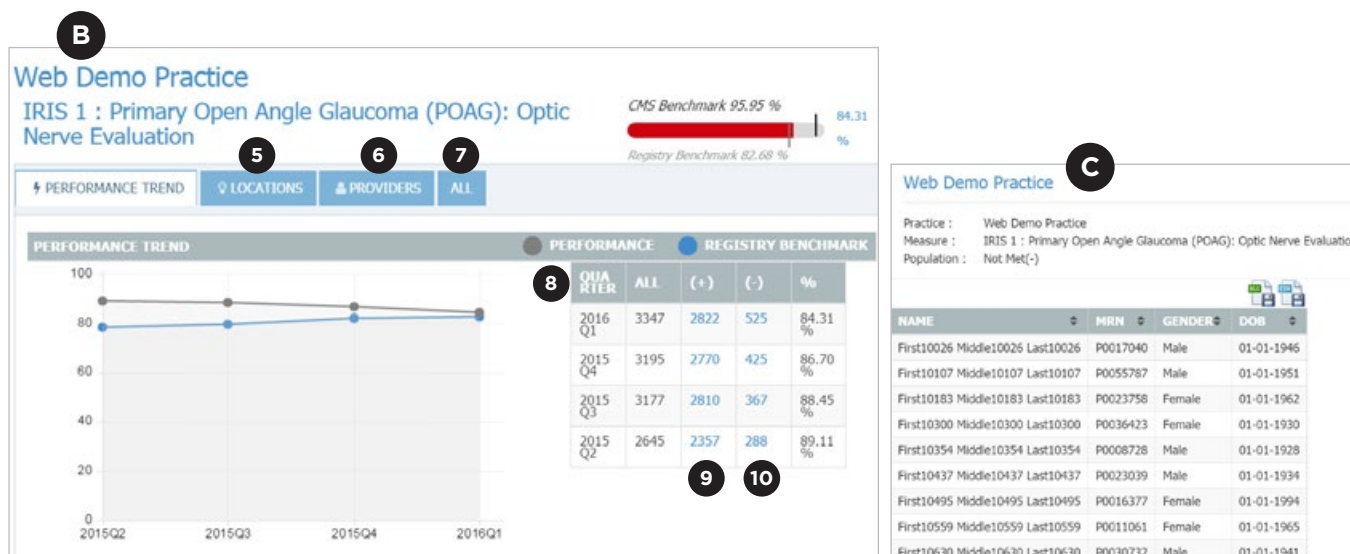
Similarly, said Dr. Williams, “because we are a relatively large practice, we have a committee that meets on a monthly basis and reports to the individual physicians to discuss their performance.”

**Ensure proper data transfer.** All EHR systems have different database structures and ways of storing data; there is no common format, unlike in software programs like an Access database or Excel file. Even practices using the same EHR system might document and store information differently, which can pose challenges during the initial IRIS Registry setup. As a result, “practices must put forth some effort up front in order to ensure their data is mapped correctly from their EHR to the IRIS Registry. This forces us to be a little more organized in terms of where and how data is stored. Once the mapping is complete and the IRIS Registry is able to retrieve your data correctly, things run efficiently and smoothly,” said Dr. Thompson, who uses 2 EHR systems in his practice that were mapped to the registry. “This is not a one-and-done endeavor. We are all on a learning curve trying

to figure out the most effective ways to use this technology,” Dr. Williams added.

**Look for changes in data.** Data generated by the IRIS Registry should also be reviewed to monitor for unexpected changes in performance. If you see a sudden drop in performance, there are 2 possibilities according to Dr. Williams: 1) “something has changed in your practice or 2) or something has changed in your EHR and/or the IRIS Registry interface. Either way, you need to find the source quickly, as opposed to letting the database run in the background for a year without looking at the data,” he said. Ms. Woodke agreed and offered an example: “There have been occasions when a particular measure was not properly mapped in our system. We were also recently disconnected from the IRIS Registry so that not all of our data was transferred. Once we were reconnected, we were able to identify the problem and have the data extracted. Both are reasons to examine performance levels routinely.”

**Set high goals.** Current thresholds vary based on measure, but it does not hurt to be an overachiever when it comes to performance. Keeping an eye on the IRIS Registry dashboard helps you do this. “As we transition to the Merit-Based Incentive Payment System (MIPS), there will be



data for each measure by (5) location or (6) individual provider, as well as (7) at the practice level. Each provider can also be granted access just to his or her individual performance data.

#### See whether you're improving.

For a measure, you can see how your practice performance (gray line in chart) varied over time and compare

that with the IRIS Registry benchmark (blue line in chart).

**Review your quarterly data.** Look at performance on the measure (8) over the last 4 quarters; in this case, the “All” at the top of column 2 indicates that you are viewing statistics for the practice as a whole. For each quarter, not only can you see how many times the measure was (9) met

and (10) not met in patient encounters where the measure applied, but by clicking on those links, you can see (Fig. C) a list of who those patients are.

**Delve deeper into your data.** In addition to reviewing these standard IRIS Registry measures, you can now use the analytics module to customize your own reports (see page 4).

a valuation or rating of our quality reporting. Doing better than your peers is going to play well in this new system and will only be an advantage to your practice,” Ms. Woodke said. (Keep in mind that the red/yellow/green color coding in the dashboard is based on how you are doing relative to the average performance of other IRIS Registry users; it does not indicate whether you are passing or failing a PQRS measure.)

### Proof of Quality Will Be Expected

Quality has been an abstract term in many ways with regard to medicine and assessing medical care, said Dr. Williams. The IRIS Registry is making it possible to move from evaluating “process behaviors” (“yes, I did this,” versus “no, I did not”) to assessing quality outcome measures that reveal information about the actual end result of patient care.

“So many practices assert that they provide the best quality care. When this can actually be supported with data, it can go a long way toward validating your claim, and it will be imperative moving forward. We cannot just provide a laundry list report of random data. Practices must be able to show why this information is important to ophthalmology, why it is important to the insurance company, and how it directly relates to the patient,” said Ms. Woodke.

## #1 Question for EHR Vendors: Do You Work With the IRIS Registry?

If you’re looking for a new EHR system, you should ask vendors about their track record with IRIS Registry integration. “The ability of EHR systems to work with the registry is nonnegotiable,” said Ms. Woodke. “It supports quality measure reporting in ophthalmology. Although vendors may say that they can report this for you or will work with the registry in the future, I would consider this a deal breaker. This is eventually going to be the bread and butter of how we get paid, and practices must ensure that their system is compatible,” she said. Dr. Thompson agreed, “It is clear to me that the IRIS Registry will be essential for ophthalmologists to meet the quality metric standards required by CMS, and, ultimately, by other insurers. If I were looking at an EHR system and they could not assure me that they could already hook up with the IRIS Registry, I would not be interested,” he said.

To see which EHR systems have been integrated with the IRIS Registry, visit [aao.org/iris-registry/ehr-systems](http://aao.org/iris-registry/ehr-systems).

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MORE THAN 50 EVENTS TO CHOOSE FROM

# The IT Enthusiast's Guide to AAO 2016

**R**eview this list for information technology–related events that you may want to attend at this year's Subspecialty Day (Friday, Oct. 14, and Saturday, Oct. 15) and AAO 2016 (Saturday, Oct. 15, to Tuesday, Oct. 18).

**Get more information online.** You can read event abstracts via [aao.org/programsearch](http://aao.org/programsearch) or [aao.org/mobile](http://aao.org/mobile).

## Clinical Education

### Academy Technology Update: Ophthalmic News and Education (ONE)

**Network** (Tech02). Rahul N. Khurana, MD, Chirag P. Shah, MD, MPH, and Daniel Mummert. *When: Saturday, 10:45-11:15 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

### Committee for Resident Education Updates

(Tech18). Jean Hausheer, MD, and Sarah Page. *When: Monday, 2:30-3:00 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

### Eye Simulations for Resident, Medical Student, and Patient Education:

**Experience Firsthand and Learn How to Integrate** (289). Anuradha Khanna, MD (senior instructor), Susan H. Forster, MD, Evan B. Price, MD, Suzann Pershing, MD, Rukhsana G. Mirza, MD, and Meenakshi Chaku, MD. *When: Sunday, 2:00-3:00 p.m. Where: Room N427a. Access: Academy Plus course pass.*

### How to Use Free Technology to Add Interactivity to

### Face-to-Face Lectures and Presentations (Lab143).

Eduardo P. Mayorga, MD (course director), Matthew D. Gearing, MD, and Ana Gabriela Palis, MD. *When: Monday, noon-2:00 p.m. Where: Room N227a. Access: Ticket.*

## Electronic Health Records

**Change Management: Improving EHR Efficiency and Meaningful Use Success** (402). Joy Woodke, COE, OCS (senior instructor), and Denise Fridl, COT, COE. *When: Monday, 9:00-10:00 a.m. Where: Room S504a. Access: Academy Plus course pass.*

**Digital Imaging, Workflow, and Referrals in Your Practice** (Tech17). Don Van Syckle. *When: Monday, 1:45-2:15 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**Dynamic Modeling of Clinician Eye Gaze to Understand the Effects of Electronic Health Records on Patient Satisfaction in an Ophthalmology Practice** (scientific poster, Po374).

Hannah Kleiman, MD (presenting author). *When: Monday and Tuesday; author(s) present Monday, 12:30-2:00 p.m. Where: Hall A. Access: Free.*

**EHR: Compliance and Medicolegal Issues** (685). David E. Silverstone, MD (senior instructor), Michele C. Lim, MD, and Cameron Cobden. *When: Tuesday, 12:45-3:00 p.m. Where: Room N427d. Access: Academy Plus course pass.*

**Engaging Patients Through an EHR Patient Portal Tutorial** (scientific poster, Po081). Heather B. Leisy, MD (presenting author). *When: Saturday and Sunday; author(s) present Sunday, 12:30-2:00 p.m. Where: Hall A. Access: Free.*

### Making an EHR Work for You, Not Against You.

David K. Coats, MD. *When: Saturday, 4:13-4:21 p.m., during the Pediatric Ophthalmology and Strabismus Subspecialty Day (8:00 a.m.-5:10 p.m.) Where: Room E450. Access: A Subspecialty Day badge that is valid for Saturday.*

**Patient Portals and the Patient Service Strategy** (519). Jeffery Daigrepont (senior instructor) and Joy Woodke, COE, OCS. *When: Monday, 11:30 a.m.-12:30 p.m. Where: Room S504bc. Access: Academy Plus course pass.*

**Revenue Cycle Management and EHRs** (259). Ron Rosenberg. *When: Sunday, 3:15-4:15 p.m. Where: Room*

## In the Exhibit Hall

**Visit the EHR vendors.** See "Shopping for EHRs," page 6.

**Visit the Academy Resource Center (Booth 508)** to enjoy a demo of the IRIS Registry; schedule a free 20-minute consult on EHRs (go to the AAOE Practice Management area); and ask about integrating patient education materials into your EHR system.

**Visit The Electronic Office—IHE Eye Care (Booth 121).** See how IHE-conformant instruments from different vendors can work together and communicate with any IHE-conformant practice management or EHR system.

**Visit the Tech Bar at the Rest Stop (Booth 780).** Get computer assistance, access the Internet, use free Wi-Fi, and recharge your mobile device.



S505ab. Access: Academy Plus course pass.

### Successful Strategies for Using Your EHR (Sym41).

Michael V. Boland, MD, PhD (cochair), and Michele C. Lim, MD (cochair), with Edward L. Colloton, MD, Thomas Hwang, MD, and Robert E. Wiggins, MD, MHA:

- Using the EHR to Make Documentation and Communication More Efficient (2:02 p.m.)
  - Sixteen Years of EHR in a Private Practice Setting: What Works Best for Us Now (2:12 p.m.)
  - Physical Interface Matters: Letting Computers Become a Natural Part of Physician-Patient Interactions (2:22 p.m.)
  - Real-Time Completion of Work in Your EHR (2:32 p.m.)
- When: Monday, 2:00-3:00

p.m. Where: Room E350. Access: Free.

### Surviving the Move to Your Second EHR (609).

Jeffery Daigrepoint. When: Tuesday, 9:00-10:00 a.m. Where: Room S505ab. Access: Academy Plus course pass.

### The Impact of ICD-10 Conversion on an Academic Ophthalmology Practice (scientific poster, Po080).

Justin Hellman, MD (presenting author). When: Saturday and Sunday; author(s) present Sunday, 12:30-2:00 p.m. Where: Hall A. Access: Free.

### Iris Registry, Big Data

**Big Data and the Business of Retina.** George A. Williams, MD. When: Friday, 10:56-11:01 a.m., during the Retina Subspecialty Day (8:00 a.m.-5:31

p.m.) Where: North Hall B. Access: A Subspecialty Day badge that is valid for Friday.

**How the IRIS Registry Helps You Participate in MIPS (439).** Flora Lum, MD (senior instructor), Rebecca Hancock, and Joy Woodke, COE, OCS. When: Monday, 4:30-5:30 p.m. Where: Room S501abc. Access: Academy Plus course pass.

**IRIS Registry Dashboard and Analytics Demonstration: How to Track Performance, Evaluate Patient Outcomes and Perform Simple Analytics (Tech14).** When: Monday, 10:45-11:15 a.m. Where: Technology Pavilion (Booth 168). Access: Free.

**Using the IRIS Registry: Access, Analyze, Act.** A demo of the analytics

module. When: Saturday, 2:00-3:00 p.m. Where: Academy Resource Center (Booth 508). Access: Free.

### Low Vision

**Technology to Assist Patients With Vision Loss (Tech13).** Mary Lou Jackson, MD, Howard Kaplan, MD, Donald Fletcher, MD, Terry Schwartz, MD, Becky Coakley, TVI, CLVT, Mark Bona, MD, Rhys Filmer, Justin Moore, and Richard Tapping. When: Monday, 9:30-10:30 a.m. Where: Technology Pavilion (Booth 168). Access: Free. (Note: Also check out event B161.)

### Meaningful Use and ACI

**Meaningful Use EHR Incentives? Ask Us! (261).** Brittney Wachter, CPC, OCS. When: Sunday, 3:15-4:15 p.m. Where: Room S504a. Access: Academy



### Fully Integrated Tools:

- > Revenue Cycle Services
- > Practice Analytics
- > Business Reporting

### Fully Integrated Services:

- > Practice Consulting
- > Financial Consulting
- > Patient Acquisition
- > Patient Retention

**VISIT US IN BOOTH 1635**

**Product Theater Presentation | Technology Pavilion, Booth 168 | Saturday, October 15, 3:30 pm**

This presentation is not affiliated with the official program of AAO 2016.

Plus course pass.

### Meaningful Use FAQs

(631). Susan M. Loen, OCS (senior instructor), and Brittney Wachter, CPC, OCS. *When: Tuesday, 10:15-11:15 a.m. Where: Room S501abc. Access: Academy Plus course pass.*

### Mobile Technology

#### A Smartphone Application for Assessment of Visual Acuity With Statistical

**Confidence** (scientific poster, Po324). Farnoosh Vahedi (presenting author). *When: Monday and Tuesday; author(s) present Monday, 12:30-2:00 p.m. Where: Hall A. Access: Free.*

**Mobile Meeting Guide Tips** (Tech06 and Tech12). Jude Brown. *When: Saturday, 2:30-3:00 p.m., and Sunday, 2:30-3:00 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

### Smartphone and Mobile Technology Update

(Tech10). Vinay A. Shah, MD, Rohit Krishna, MD, and R. Ken Lord, MD. *When: Sunday, 12:30-1:30 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

### Smartphone Examination in the Developing World

(presented during Sym32). Robert T. Chang, MD. *When: Monday, 11:10-11:19 a.m., during "Ophthalmology's Ideas Worth Spreading: Four Revolutionary Ideas That Will Change the Future of Ophthalmology" (10:45-11:45 a.m.). Where: Grand Ballroom S100c. Access: Free.*

### Smartphone Fundus Photography

(Lab115). Andrew M. Hendrick, MD (course director), Christopher J. Brady, MD, Carolyn K. Pan, MD, and Luis J. Haddock,

MD. *When: Sunday, noon-2:00 p.m. Where: Room N227a. Access: Ticket.*

### The iPhone and iPad for Ophthalmologists

(Lab126). Vinay A. Shah, MD (course director), Ron K. Lord, MD, Rohit Krishna, MD, Theodore Leng, MD, Robert T. Chang, MD, and Ilya M. Sluch, MD. *When: Sunday, 3:00-5:00 p.m. Where: Room N227a. Access: Ticket.*

### Online Security

#### Cyber Security and the Emerging Security Risk Facing Ophthalmology Practices

(232). Jeffery Daigrepoint. *When: Sunday, 2:00-3:00 p.m. Where: Room S502ab. Access: Academy Plus course pass.*

#### Essential Online Security

(Tech21). Jude Brown. *When: Tuesday, 11:30 am.-*

## Visit the Product Theater

New this year, the Technology Pavilion (Booth 168) features the Product Theater:

**Saturday, 3:30-4:30 p.m.** Medflow Holdings presents: Medflow Vision: Integrating Business, Clinical, and Analytics Technology to Advance Your Practice

**Sunday, 3:30-4:30 p.m.** Heidelberg presents: Enhanced Detection and Clinical Assessment in Glaucoma Management



### Fully Integrated Compliance:

- > Complete Monitoring Services
- > PQRS Guaranteed, No Penalties
- > MU, MIPS, CPIA Guidance
- > HIPAA, OSHA, OIG Management

VISIT US IN BOOTH 1635

Product Theater Presentation | Technology Pavilion, Booth 168 | Saturday, October 15, 3:30 pm

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noon. *Where: Technology Pavilion (Booth 168). Access: Free.*

**What You Don't Know About Cybersecurity Can Definitely Hurt You** (Tech03 and Tech11). Ravi D. Goel, MD. *When: Saturday, 11:30 a.m.-noon, and Sunday, 1:45-2:15 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

## Social Media

**Developing Social Media Strategies and Policies** (602). Caroline Patterson (senior instructor), Jill S. Garabedian, JD, and Julia Prospero. *When: Tuesday, 9:00-10:00 a.m. Where: Room S501d. Access: Academy Plus course pass.*

**Online Forum and Social Media: Communication Between Oncologist and Pathologist.** Heather A.D.

Potter, MD. *When: Saturday, 4:15-4:21 p.m., during the Ocular Oncology and Pathology Subspecialty Day (8:00 a.m.-5:00 p.m.) Where: Room E350. Access: A Subspecialty Day badge that is valid for Saturday.*

**Social Media Bootcamp** (Tech16). Jude Brown. *When: Monday, 12:30-1:30 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**Social Media Guru Tips** (236). Robert F. Melendez, MD, MBA (senior instructor), and Purnima S. Patel, MD. *When: Sunday, 2:00-3:00 p.m. Where: Room S504d. Access: Academy Plus course pass.*

**Social Media: The Good, The Bad, and the Brand** (403). Lisa B. Rentz (senior instructor), Patti Bielby,

BBA, and Daniel K. Badgley, MBA. *When: Monday, 9:00-10:00 a.m. Where: Room S501d. Access: Academy Plus course pass.*

**Talk: Building Your Online Reputation With Social Media** (presented during Spe13). Robert F. Melendez, MD, MBA. *When: Sunday, 12:55-1:10 p.m. (during the 2016 YO Program, 10:00 a.m.-2:00 p.m.) Where: Room S101ab. Access: Free.*

**Use Blogging and Social Networking to Supercharge Your Website** (Spe09). Randall V. Wong, MD, and Andrew P. Doan, MD, PhD. *When: Saturday, 1:00-4:00 p.m. Where: Room N427a. Access: Free.*

**YO Committee: Professional Growth Through Social Media** (LL07). Steven M. Christiansen, MD

(senior instructor), Purnima S. Patel, MD, and James G. Chelnis, MD. *When: Saturday, 4:00-5:00 p.m. Where: Learning Lounge, Theater 2 (Booth 126). Access: Free.*

## Software in Action

**Microsoft Office 365: Ask the Expert** (Tech19). Jude Brown. *When: Tuesday, 9:30-10:30 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

## Websites and Internet

**Developing Effective Content for Your Website** (Tech01). Randall Wong, MD. *When: Saturday, 9:30-10:30 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**Dominate Local Search and Monitor Your Online Reputation** (Tech15). Randall Wong, MD. *When:*



## Fully Integrated Products:

- > Practice Management
- > Electronic Health Records
- > Optical Shop Program
- > Patient Portal

**VISIT US IN BOOTH 1635**

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*Monday, 11:30 a.m.-noon.*  
*Where: Technology Pavilion*  
*(Booth 168). Access: Free.*

**Growing Patient Volume: Ten Effective Online Strategies to Maximize LASIK, Premium IOL, and Other Elective Procedures** (407). Jim Flynn. *When: Monday, 11:30 a.m.-12:30 p.m. Where: Room S502ab. Access: Academy Plus course pass.*

**Live Website Analysis: Critique Your Own Website** (672). Randall V. Wong, MD. *When: Tuesday, 9:00-10:00 a.m. Where: Room S504bc. Access: Academy Plus course pass.*

**Protect Your Online Reputation** (Tech07). Ravi D. Goel, MD. *When: Sunday, 9:30-10:30 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**Protecting Your Online Image** (216). K. David Epley, MD. *When: Sunday, 10:15-11:15 a.m. Where: Room S403a. Access: Academy Plus course pass.*

**Search Engine Optimization Made Easy** (Tech09). Randall Wong, MD. *When: Sunday, 11:30 a.m.-noon. Where: Technology Pavilion (Booth 168). Access: Free.*

**Ten Ways to Immediately Improve Your On- and Offline Practice Marketing** (475). Heather Modjesky. *When: Monday, 2:00-3:00 p.m. Where: Room S503ab. Access: Academy Plus course pass.*

**The Future of Electronic Patient Communications** (262). Jeffery Daigrepoint. *When: Sunday, 3:15-4:15 p.m. Where: Room S504bc. Access: Academy Plus*

*course pass.*

**Website Design and Marketing Fundamentals** (650). David Swink. *When: Tuesday, 11:30 a.m.-12:30 p.m. Where: Room S501abc. Access: Academy Plus course pass.*

**The Future Is Now Are We Soaring Toward Cloud Computing?** (449). Jeffery Daigrepoint. *When: Monday, 9:00-10:00 a.m. Where: Room S504bc. Access: Academy Plus course pass.*

**Implementing Disruptive Technology in Health Information Systems** (Tech04). H. Jay Wisnicki, MD, Michael Casamassa, and Paul Lower. *When: Saturday, 12:30-1:30 p.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**Intro to IOT: Are You**

**Ready for the “Internet of Things”** (Tech20). Jude Brown. *When: Tuesday, 10:45-11:15 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

**The Deep Learning Computer Model in Reading Diabetic Retinopathy and Normal Images** (scientific poster, Po030). Sriram Sonty, MD, FACS, (presenting author). *When: Saturday and Sunday; author(s) present Sunday, 12:30-2:00 p.m. Where: Hall A. Access: Free.*

**Welcome to Cognitive Computing** (Tech05 and Tech08). H. Jay Wisnicki, MD, Lloyd Hildebrand, MD, and Steve Tolle. *When: Saturday, 1:45-2:15 p.m., and Sunday, 10:45-11:15 a.m. Where: Technology Pavilion (Booth 168). Access: Free.*

 medflow vision | Putting It All Together

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