

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### ■ 2015 Member Survey Results

The Academy membership survey is conducted every 2 years to determine general attitudes toward the Academy and satisfaction with ophthalmology as a career, and to gather information on practice demographics and patient services. The survey, conducted by Loyalty Research Center (LRC), focuses on 1) loyalty to and engagement with the Academy (highlights below) and 2) practice environment (to be covered in *EyeNet* in early 2016). Loyalty and engagement are measured by member responses regarding the Academy's overall value, likelihood of recommending membership, and likelihood of renewing membership.

**A thank-you to respondents.** LRC collected 1,176 surveys from a sample of half the Academy's membership. The sample was representative of the total member population in terms of gender, age, Academy tenure, and subspecialty. "The Membership Division always struggles with striking the right balance between our need for member feedback and the time constraints facing our doctors. 'Survey fatigue' is a real issue in our connected lives. Given that we rolled out an entirely new instrument [the loyalty and engagement component] this year, we are particularly grateful for all the ophthalmologists who took the time to complete this year's survey," said **Tamara R.**

Fountain, MD, Academy Secretary for Member Services.

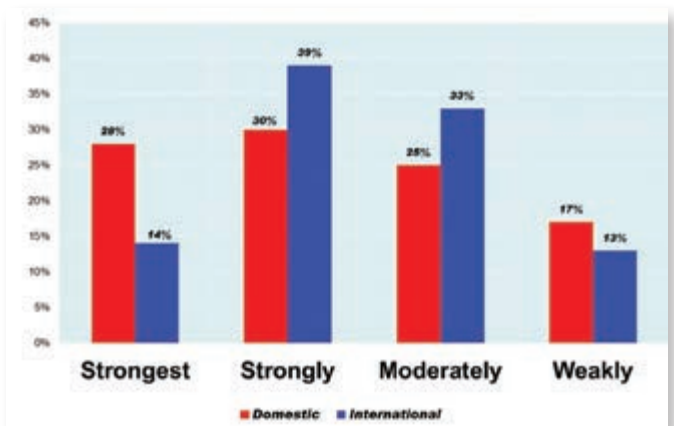
#### U.S. members.

The Academy surpassed LRC's benchmarks for engagement, necessitating a fourth segment—strongest engaged. U.S. members exhibited attitudes and behaviors that are considerably stronger than their cohorts in the strongly engaged segment.

The survey found that 83% of members are likely to recommend membership, and 94% are likely to renew membership. The membership renewal scores are high compared with LRC's typical response of 90% from medical associations. Five main areas contribute to these scores:

**1. Academy's reputation/brand.** The survey showed that the Academy is known as offering year-round value, being forward-thinking/future planning, and understanding members' professional needs.

**2. Membership dues.** The majority of members consider the Academy's benefits to be of excellent or very good



**ACADEMY MEMBER ENGAGEMENT LEVELS.** LRC typically measures 3 engagement segments: weakly engaged, moderately engaged, and strongly engaged; however, the Academy's results necessitated a fourth segment—strongest engaged.

value considering that dues include annual meeting registration.

**3. The annual meeting.** The annual meeting is a very strong driver of engagement—nearly 3 out of 4 members have attended an annual meeting in the past 3 years.

**4. Advocacy efforts.** Most members rate the effectiveness of the Academy's advocacy efforts as excellent or very good. Members reinforced the need to continue to push forward on the Affordable Care Act, reimbursement rates, scope of practice, and general health care costs as the most important issues affecting the profession and their practices over the next 2-3 years.

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Affairs sessions.

5. **IRIS Registry.** The IRIS Registry is already becoming an important benefit of membership. Respondents said that its greatest value lies in “submitting clinical quality measures to count for PQRS on your behalf.” Members also highly value the IRIS Registry for keeping them up to date with regulatory changes in quality reporting.

**U.S. members in training (MITs).** Additionally, 92% of U.S. MITs are extremely or very likely to recommend Academy membership to a colleague. These scores are high compared with LRC’s typical response of 75% from medical associations. Also, 70% of U.S. Academy MITs are extremely or very likely to renew membership.

The survey offered a selection of descriptive words and asked respon-

dents to choose those that best describe the Academy. The words most commonly chosen by this group were “academic/educational/informative.”

**International members.** The Academy’s international member responses also necessitated the category of strongest engaged. In addition, 84% are likely to recommend membership, and 91% are likely to renew membership. There are 5 main reasons for these scores:

1. **The Academy’s reputation/brand.** International respondents to this survey emphasized the value of being a member, based on its being viewed as a “gold standard” for ophthalmologists.

2. **Membership dues.** Again, the majority of these members consider

the Academy’s benefits to be of excellent or very good value for their dues.

3. **The annual meeting.** More than 2/3 of international members have attended an annual meeting since 2012.

4. **The ONE Network.** The vast majority find the content up to date, accurate, and unbiased.

5. **EyeNet Magazine.** Also, 68% of international respondents consider *EyeNet* to be excellent or very good in overall quality.

**International MITs.** Additionally, 86% of international members in training responded as extremely or very likely to recommend Academy membership to a colleague. The words most commonly chosen by this group to describe the Academy were “fantastic/advanced.”

## TAKE NOTICE

### ■ PQRS—Dec. 1 Deadline for IRIS Registry Users

If you signed up to participate in the 2015 Physician Quality Reporting System (PQRS) via the IRIS Registry,

you must submit a data-release consent form to the Academy before it can send your PQRS data to CMS. You must submit that consent form by Dec. 1.

This consent deadline applies whether you signed up for manual PQRS reporting (via the IRIS Registry

Web portal) or for automated data extraction from your electronic health records (via the IRIS Registry clinical database).

For more information on the IRIS Registry and PQRS, visit [www.aao.org/iris-registry](http://www.aao.org/iris-registry) and [www.aao.org/pqrs](http://www.aao.org/pqrs).

## ACADEMY STORE

### ■ Educational Materials for Patients With Diabetes

November is Diabetic Eye Disease Awareness Month. Improve your patients’ understanding of diabetic eye disease with the Academy’s trusted and recently updated educational brochures, handouts, and video collection.

For more information, visit [www.aao.org/store](http://www.aao.org/store) and enter “diabetic.”

### ■ Online Coding Products: Updated for ICD-10

Two Academy Web-based coding products can help smooth the transition to ICD-10.

Use *ICD-10-CM for Ophthalmology: The Complete Online Reference* to translate ICD-9 codes into ICD-10 codes and vice versa. (View a 1-minute demo at [www.aao.org/icd10demo](http://www.aao.org/icd10demo).)

Use *Coding Coach: The Complete*

*Ophthalmic Online Reference* to see which ICD-10 codes are associated with each CPT code.

Both products feature coding clues, customizable notes, and a printer-

friendly option. Save up to 40% when you subscribe for 2 or more users.

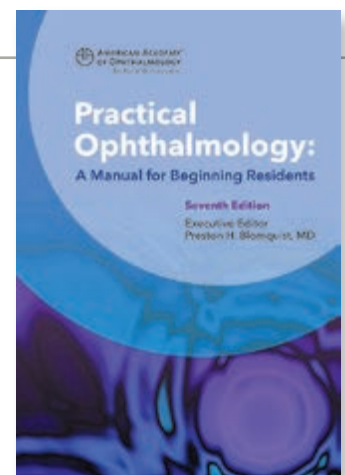
For more information and to order, visit [www.aao.org/store](http://www.aao.org/store).

### ■ Updated Manual for Residents

*Practical Ophthalmology: A Manual for Beginning Residents, 7th ed., helps residents gain confidence and specific knowledge in their transition to becoming a skilled practitioner.*

*This updated edition covers each part of a thorough ophthalmic examination and also includes a discussion of ophthalmic emergencies and common ocular medications. The book includes concise explanations for interpreting examination results, tips for avoiding or resolving common problems, and suggested resources for further study. Stepwise instructions for 57 examination and testing techniques appear at the end of the chapters, which makes them easy to find. The guide is also an excellent resource for medical students and other resident physicians rotating through ophthalmology.*

For pricing and more information, visit [www.aao.org/store](http://www.aao.org/store).



## MEMBERS AT LARGE

### ■ SRK Team: 35 Years and Still Going Strong

In 1980, Donald R. Sanders, MD, PhD, John A. Retzlaff, MD, and Manus C. Kraff, MD, teamed up to study IOL implant power calculation. In 1981, they published the initial paper on the Sanders Retzlaff Kraff (SRK) formula.

In this paper, they introduced the concept of the “A-constant” to individually tailor formulas for the IOL type and manufacturer as well as the surgeon’s equipment and technique. This individualization concept has become universal in the field of IOL power calculation. To this day, when new IOLs are approved for use, the manufacturer recommends a suggested A-constant.

In 1988, the team published the SRK II formula to improve the accuracy of the original formula in short eyes. The SRK and SRK II formulas were both based on regression analysis rather than the use of theoretical optics and eye modeling. Then the team developed a formula based on eye modeling in 1990, called the SRK/T formula (T for theoretical). Virtually all optical and ultrasonic A-scan biometers sold worldwide today have the SRK formulas built in. The SRK team is currently looking at subpopulations, special cases (post-refractive surgery), and innovative utilization of modern mea-



**THE SRK FORMULA TEAM.** From left to right: Dr. Sanders, Dr. Retzlaff, and Dr. Kraff.

## D.C. REPORT: Governmental Affairs at AAO 2015

In Las Vegas, several sessions will showcase the Academy’s relationship with federal agencies and lawmakers. Academy members are encouraged to take advantage of these timely sessions. Also, visit the Advocacy desk at the Academy Resource Center (Hall B, Booth 2632) to learn about the importance of your volunteerism and donations, as well as the “I Am an Advocate” program.

**2016 Medicare Update (Spe12).** This session provides important information about payment changes, CMS incentives, and penalties under Medicare in 2016, and where to go to stay current with the fast-changing rules and requirements your practice will need to focus on. **When:** Sunday, Nov. 15, 12:15-1:45 p.m. **Where:** Venetian Ballroom IJ. **Access:** Free.

**Q&A With the FDA (Spe13).** Join FDA ophthalmic drug and device experts for a session touching on the drug and device approval process and the latest news affecting ophthalmic products. **When:** Sunday, Nov. 15, 12:45-1:45 p.m. **Where:** Marco Polo 705. **Access:** Free.

Visit the Advocacy desk at the Academy Resource Center (Hall B, Booth 2632) to learn about the importance of your volunteerism and donations, as well as the “I Am an Advocate” program.

**Serving Those Who Serve: Changes Impacting VA and DOD Eye Care (Spe17).** Eye care in the Veterans Affairs (VA) and Department of Defense (DOD) has evolved based on the changing demographics and complexity of our patients. Representatives from the Association of Veterans Affairs Ophthalmologists and the Society of Military Ophthalmologists will discuss changes impacting VA and DOD eye care. **When:** Monday, Nov. 16, 12:45-1:45 p.m. **Where:** Marco Polo 705. **Access:** Free.

**OphthPAC Reception.** The annual OphthPAC reception at the Venetian is part thank-you to all of our 2015 donors, part networking event, and part investment in the Academy’s advocacy efforts. **When:** Saturday, Nov. 14, 6:00-7:30 p.m. **Where:** Toscana Room. **Access:** Tickets provided when you donate \$50 or more to OphthPAC.

surement instrumentation where they may be able to contribute further to the field of implant power calculation.

### ■ An EyeCare America Office

EyeCare America (ECA), the largest public service program in American medicine, has helped more than 1.8 million people receive eye care since its inception in 1985. Two of its earliest volunteers, James L. Kesler, MD, FACS, and Molly V. Allen, MD, FACS, are still in practice at the Coastal Carolina Eye Clinic (CCEC). They have made it a point to continue their legacy of giving back: New doctors who join their practice are automatically enrolled as volunteers. **Lindsay E. Adam, MD,** and **Robert A. Van Der Vaart, MD,** are 2 of the latest volunteers.

Dr. Kesler said, “In the 1980s, Dr. Kash [retired since 2006], Dr. Allen, and I recognized that there was a sig-



**CONTINUING THE LEGACY.** The Coastal Carolina Eye Clinic has been designated as the first “EyeCare America office” for its 30-year dedication to ECA.

nificant number of people in our community who had no or limited access to good ophthalmological care. ECA has been the ideal platform to facilitate quality care in a dignified manner to the many Americans who are underprivileged or underinsured.”

To enroll as a volunteer, visit the new mobile-friendly [www.aao.org/ecavolunteer](http://www.aao.org/ecavolunteer). When you enter your member ID, your address information auto-populates, so you are just a click away from volunteering.

### Members Making a Run for Political Office

Mary G. Lawrence, MD, MPH, and Dawn C. Buckingham, MD, FACS, are running for public office in the 2016 election cycle.

Dr. Lawrence is running for U.S. Congress in Minnesota's 2nd Congressional District. As a practicing ophthalmologist and educator, she has spent much of her career supporting veterans. She said, "Health care now represents nearly 20% of our nation's economy. Currently, less than 4% of our federal legislators are physicians. For good health care legislation going forward, we need more physicians to serve—those that truly understand how our laws affect patients and those

**NEW JERSEY ACADEMY RAPS WITH RESIDENTS.** On July 29, the New Jersey Academy of Ophthalmology (NJAO) leaders partnered with **Albert S. Khouri, MD**, ophthalmology program director at Rutgers New Jersey Medical School, to hold the 15th annual Residents' Advocacy Program (RAP). NJAO President **Elena R. Drudy, MD**, discussed the benefits of participating in state ophthalmology societies. Also, 2015 NJAO-sponsored Advocacy Ambassador **María Velazquez-Lamela, MD**, provided an overview of her experience participating at the Academy's Mid-Year Forum and Congressional Advocacy Day. NJAO past president **Ralph C. Lanciano Jr., DO**, said, "Dr. Velazquez-Lamela was quite impressive and has a fire for understanding the need to advocate on behalf of our patients."



that care for them."

Dr. Buckingham is running to represent District 24 in the Texas State Senate. She practices as an oculoplastic and reconstructive surgeon and is the vice chair of the State Board for Educator Certification.

Drs. Lawrence and Buckingham

served on the Academy's Council (advisory body to the Board of Trustees) representing the Association of Veterans Affairs Ophthalmologists and Texas Ophthalmological Association, respectively. Both are also graduates of the Academy's Leadership Development Program.

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