



**COUNCIL SUBSPECIALTY/SPECIALIZED INTEREST SECTION MEETING
MINUTES**

**Sunday, November 12, 2017
Sheraton New Orleans Hotel
New Orleans, LA**

I. Welcome/Introductions and Review of Agenda

Council Chair and Section Leader Mathew W. MacCumber, MD, PhD convened the Council Subspecialty/Specialized Interest Section meeting, introduced the Deputy Section leader and Retina Society Councilor Jennifer I. Lim, MD, welcomed the attendees* and reviewed the agenda. The minutes from the Spring 2017 Council section meeting were approved as distributed.

II. Telemedicine Workgroup – Efforts on Diabetic Retinopathy & ROP

Michael Trese, MD, chair of the AAO's Telemedicine Workgroup, reviewed the workgroup's efforts to date. The workgroup is staffed by Scott Haber in the Academy's DC office and members include:

- Lloyd Paul Aiello, MD PhD
- Michael Chiang, MD
- Ingrid Zimmer-Galler, MD
- Mark Horton, OD MD
- Paul Lee, JD MD
- Darius Moshfeghi, MD
- Michael X Repka, MD MBA
- Mia Woodward, MD

In 2015, the Academy's Task Force on Telemedicine developed an Information Statement with the following definition: "Ophthalmological telemedicine is the use of telecommunication technology to facilitate ophthalmological care meeting applicable federal standards to exchange medical information for remote evaluation, diagnosis, and treatment of a patient with eye disease. Ophthalmologic telemedicine is not a separate medical domain, but rather an adjunctive method of healthcare service delivery. Telehealth is a broader concept that includes clinical information, administrative data and distance learning." The current Telemedicine Workgroup is in the process of finalizing a 13-page document outlining how ophthalmological telemedicine is currently used and how it may be used in the future to aid in the delivery of ophthalmic care for patients not just in rural settings, but all areas of ophthalmology.

Dr. Trese outlined recent areas of success for telemedicine including diabetic retinopathy and retinopathy of prematurity asynchronous store forward reading of images. These are successful, he explained, because both are paid outside of usual insurance systems. Dr. Trese enumerated some of the reasons why the use of telemedicine is not moving faster which include fear that telemedicine will replace the doctor; the practice of medicine across state lines; the regulation of hardware and software that makes telemedicine possible and; insuring the quality of telemedicine care. The solution to these 'roadblocks' include education, legislation and collaboration with regulatory agencies. Dr. Trese referenced, for example, the recent meeting on digital health co-sponsored by the FDA.

Dr. Trese concluded by noting the next steps for the AAO Telemedicine Workgroup include efforts around equitable payment for ophthalmological telemedicine; new practice patterns and; addressing workflow issues.



III. Academy & Subspecialty Society Joint Efforts

Dr. MacCumber moderated a discussion of collaborative advocacy and education efforts between the Academy and subspecialty/specialized interest societies.

Advocacy

a. 2018 Proposed Rule

Judy Kim, MD, ASRS Councilor, reviewed the 2018 proposed rule regarding Part B drugs. She reviewed the rising cost of drugs which has grown 9% per year since 2009. In 2015, the cost stood at \$26 billion. This coupled with the expectation that the number of beneficiaries are expected to increase leaves CMS with a significant issue. In 2017, about 67% of Medicare beneficiaries were enrolled in Part B. Medicare Part B covers drugs and biologics for a wide range of indications, although a small number of drugs and conditions account for a large share of the spending. The top 10 drugs that account for most Part B drug spending fall into 3 areas: cancer, rheumatoid arthritis, and macular degeneration. CMS proposed the Part B Drug Demonstration Project to determine the impact that alternative drug payment strategies would have on providers' prescribing habits. It was an attempt to apply *behavioral economics* to "disincentivize" MDs who use more expensive drugs on their patients. This program was not implemented.

On CMS' website regarding its *Final Rule Highlights*:

We've finalized policies for Year 2 of the Quality Payment Program to further reduce your burden and give you more ways to participate successfully. Major highlights include: Weighting the MIPS Cost performance category to 10% of your total MIPS final score

Based on an early analysis of the final rule, Dr. Kim explained that despite the AAO and ASRS' unwavering support for a zero-weight cost category in the Merit-Based Incentive Payment System (MIPS), CMS has gone against its commitment to change the flawed cost calculations. Instead, the agency will now weight the cost category at 10% of MIPS score. CMS will base cost on the previous flawed attribution and risk-adjustments used in the value-based modifier. This is a major issue for resource-intensive professions like ophthalmology. The quality and cost scoring are based on how you compare to other physicians rather than a specific threshold. You can't know how you compare to other physicians until after the calculations are completed 9+ months after the measurement year has ended. This makes it impossible for ophthalmologists, and in particular retina specialists, to know whether they will receive bonuses or penalties. A low-performing physician who receives a 2019 penalty could see drug payments effectively cut to Average Sales Price +1 %. A high-performing physician could see drug payments increased up to ASP+7.6 %. Very high performers could be eligible for additional bonus payments. Dr. Kim noted that such a broad application of penalties and bonuses to office administered drugs could compel physicians to adopt financial risk-averse care. This could decrease patients' access to care, necessitate patient travel to other practices to receive the care they require, or result in patients forgoing treatment.

Dr. Kim noted that CMS is reducing the large margin universities receive through the 340b program (which gives them much lower costs for part B drugs if they practice at a DSH hospital). This new policy will put a significant financial pressure on university departments.

b. Addressing Contact Lens Prescribing Burdens

Bennie Jeng, MD, Councilor for the Contact Lens Association of Ophthalmologists (CLAO), reviewed how CLAO, in concert with the Academy, is addressing contact lens



prescribing burdens. Dr. Jeng reminded section Councilors of the 2004 Fairness to Contact Lens Consumers Act which stipulates that contact lens prescribers must provide patients with a copy of their prescription with a passive verification system via an 8 business hour window. The Federal Trade Commission (FTC) oversees and enforces the law's key provisions. Dr. Jeng reviewed the realities in practice: 25% of consumers who purchased lenses from a retailer were given a different brand than prescribed; nearly 1/3 of consumers could order lenses with an expired prescription (often beyond 1 year) and; many consumers have been advised to purchase a non-prescribed product. He noted, as an example, that one-month trials have been given for free as a sample.

In 2015, a 10-year review of the law resulted in the Academy and CLAO proposing some minor changes including lengthening the verification window from 8 business hours to 2 business days to enhance prescriber's ability to confirm patient prescriptions and requesting the FTC to identify and outline new actions to enhance penalties on those selling contact lenses without a valid prescription. The FTC's response was to have no change to the passive verification and 8-hour window; to require the provider, at the time of contact lens fitting or contact lens examination, to give a copy of the prescription to the patient and obtain an acknowledgement of receipt and require the provider to keep these acknowledgement forms on file for 3 years. The FTC based its proposal on outdated survey data commissioned by contact lens vendors along with anecdotal reports of an "ongoing pattern of consumer complaints". In reality, the FTC received only 309 complaints regarding prescription release in the years 2011-2016 and half of those were unrelated to the law.

Dr. Jeng noted that the Academy responded to the FTC via a January 30, 2017 letter to the FTC over the signature of Michael Repka, MD, MBA, Academy Medical Director for Governmental Affairs. The letter noted that "we believe that the proposed changes represent a failure to address critical flaws in the verification system and levy unwarranted penalties on eye care providers. We call on the Commission to rethink proposed changes to the Rule and reaffirm their commitment to protecting consumers by prioritizing contact lens safety over contact lens sales." More recently, in Aug. 2017, the Academy appealed to the U.S. Senate Committee on Commerce, Science, and Transportation noting that, "this proposal by FTC will ... simply cause massive disruption, financial costs, and administrative burden to ophthalmic practices. We are dismayed at the FTC's categorization of ophthalmology's compliance which ignores the facts, and members who have adopted the FTC's false categorization and accused our specialty of flouting our responsibilities under the Contact Lens Rule." The Academy and CLAO continue to collaborate on this issue to reduce prescribing burdens. Dr. Jeng acknowledged the ongoing efforts of Deborah Jacobs, MD and Tim Steinemann, MD on CLAO's behalf as well as that of Scott Haber and Dr. Repka on the Academy's behalf.

c. ASOPRS Victorious in Cosmetic Blepharoplasty Bundling Fight

Louise Mawn, MD, Councilor for the American Society of Ophthalmic Plastic & Reconstructive Surgery, reviewed the cosmetic blepharoplasty bundling fight which ultimately resulted in victory following advocacy by the Academy and ASOPRS. The Academy and the ASOPRS successfully derailed a misguided attempt to prohibit cosmetic blepharoplasty surgery done in conjunction with a medically necessary ptosis. Dr. Mawn emphasized that this was a problem for *all* ophthalmologists. Advocacy included several direct meetings with the Centers for Medicare & Medicaid Services. Starting more than a year ago, the Academy and ASOPRS took action to oppose CMS' inappropriate bundling in situations in which functional and aesthetic procedures should be considered separately under Medicare. Leaders from the



Academy and ASOPRS met with the agency three times. We argued that CMS has no legal basis to regulate cosmetic surgery. Oculoplastic surgeons explained the distinct differences between blepharoplasty and ptosis surgeries. We maintain that CMS acted through a fundamental misunderstanding of these eyelid surgeries. These resulted in the erroneous payment policy which was ultimately reversed. Dr. Mawn explained that CMS agreed with the AAO/ASOPRS argument that clearly documented cosmetic upper blepharoplasty (skin excision) can be performed at the same time as functional ptosis repair and that the patient can be billed for the cosmetic portion of the procedure. Excision of fat does not constitute cosmetic blepharoplasty. Dr. Mawn noted that an ABN must be completed and this is effective as of October 1, 2017. The Academy and ASOPRS remain in discussion with CMS over other aspects of the ptosis/bleph bundle. Dr. Mawn acknowledged that ASOPRS was grateful to the Academy for its collaboration on this important issue.

d, Taxonomy Codes

Dr. Repka reviewed the history of the Academy's efforts to gain taxonomy codes for all ophthalmic subspecialties in cooperation with the relevant subspecialty society. He reported that as of October 1, 2017, the following taxonomy codes are applicable:

Ophthalmology - **207W00000X**

- Glaucoma Specialist - **207WX0009X**
- Neuro-ophthalmology - **207WX0109X**
- Ophthalmic Plastic and Reconstructive Surgery - **207WX0200X**
- Pediatric Ophthalmology and Strabismus Specialist - **207WX0110X**
- Retina Specialist - **207WX0107X**
- Uveitis and Ocular Inflammatory Disease - **207WX0108X**

In addition, a code for Cornea and External Diseases Specialist is expected April 1, 2018.

Dr. Repka recognized the AUPO for its collaboration on this effort to obtain taxonomy codes for all ophthalmic subspecialties. Dr. Repka reported that in 2014, Academy staff recommended that obtaining taxonomy codes for ophthalmic subspecialties would be important and presented this information in a June 2015 webinar to subspecialty society leadership. Following that, applications were developed and much behind the scenes work subsequently took place. Taxonomy codes are numerical codes that CMS uses (and other carriers could use as well) to identify a provider's specialty and training. There are 3 levels including:

- Level I is the provider type – allopathic or osteopathic physician
- Level II is Classification – for example, ophthalmology or neurology
- Level III is the area of specialization.

The difference between board certification and taxonomy is that taxonomy is 'self-designated'. Taxonomy is important for a number of reasons including the possibility of unfair and inappropriate profiling; for risk adjustment; for contract terminations and; because of network and benchmarking trends that impact subspecialties. The Academy acted to protect our members given that these issues are hitting subspecialties and to allow comparisons with appropriate peer groups in physician profiling programs.

Dr. Repka reviewed how taxonomy codes are being used, including inclusion in health plan directories of providers; as part of the enrollment of providers in health plans; in applications for an NPI and; as an identification of providers, primarily in electronic transactions. He noted more recent uses of the code set have been as supplemental identification of providers in transactions (claims, remittance advice); in identifying providers in local, regional, or national health information exchange networks and; in credentialing of providers.



Finally, Dr. Repka reviewed both the potential positive and negative uses of the taxonomy code set. For potential positives, he noted that without further breakdown or risk adjustment, specialists are disadvantaged in resource use and other billing comparisons with ophthalmology as a whole. On the potential negative side, the taxonomy codes could be used as a form of credentialing. Dr. Repka pledged that if there is evidence of improper use of the taxonomy by a payor, the Academy expects to advocate strongly for correcting that erroneous policy.

Education

a. Update: David E.I. Pyott Glaucoma Education Center

Lou Cantor, MD, Academy Senior Secretary for Clinical Education, provided an update on the status of the David E.I. Pyott Glaucoma Education Center. Dr. Cantor reminded the section Councilors that in 2016, the David E. I. Pyott Foundation provided a \$2 million endowment for a Glaucoma Education Center on the Academy's ONE Network. Goals of the center include: a) to provide freely available instruction to clinicians via interactive models, simulation and access to expert insight; b) to integrate elements of the IRIS Registry to enable data driven decisions for more effective care and; c). to establish an online peer network that connects glaucoma specialists worldwide. This effort has been an ongoing collaboration with the American Glaucoma Society (AGS) to source content and define goals with clinical committees with 26 editors and contributors and non-clinical committees with 17 editors and contributors. It also includes the efforts of 14 Academy staff in the Education Division, the Foundation and the Communications and Marketing Division.

The center launched in conjunction with AAO 2017 in New Orleans. The center incorporates open content from the ONE Network and includes more than 1,000 videos, articles, and educational activities. It focuses on innovative educational formats and baseline data from the IRIS Registry. Dr. Cantor highlighted some of the new multimedia content such as: animations to pair with surgical footage of trabeculectomy, tubes, and MIGS procedures; the full program (60 lectures) from AGS' 2017 annual meeting which was captured and licensed exclusively; *Color Atlas of Gonioscopy* and a library of associated videos and; patient perspective videos. In addition, there is an interactive map showing state by state epidemiological data, interactive algorithms for diagnosing disease especially in the developing world and simulators which demonstrate the impact of drugs on IOP and outflow. Other new content will include IRIS Registry data for documented cases of glaucoma. The overall goal is to visualize observational data in a compelling, interactive web display.

Dr. Cantor reviewed next steps for the center. These include adding new content such as 3D clinical simulations and activities on patient perspectives in the developing world. The center will also continue to source from the IRIS Registry and connect it with personalized educational opportunities online. There are also plans to establish a peer network between glaucoma specialists worldwide.

b. Minority Ophthalmology Recruitment and Mentoring – An Update

Keith Carter, MD, AUPO President and AAO President-Elect provided a status report on the collaborative AAO/AUPO effort to recruit and mentor minorities into the field of ophthalmology. He reviewed the Academy and AUPO task force members who are working on this effort including:

From Academy:

- Mildred MG Olivier, MD, Chair
- Keith Carter, MD
- Oscar Cruz, MD
- Susan Forster, MD



- Lynn Gordon, MD, PhD
- Kevin Greenidge, MD, MPH
- Paul Lee, MD, JD

From AUPO:

- Susan Forster, MD, Chair
- James Chodosh, MD, MPH
- Anju Goyal, MD
- Kevin Greenidge, MD, MPH
- Lisa Kelly, MD
- Paul Sternberg, MD
- Privthi Sankar, MD
- Chasidy Singleton, MD

Dr. Carter reviewed data on physician race/ethnicity in the U.S. versus percentages of minorities in ophthalmology as well as the trends for African-Americans who have matched in ophthalmology. In the second year of the Minority Student Engagement Program, 28 students are participating and took part in a session at AAO 2017 in NOLA. They had a guided tour of the exhibitor floor and participated in simulations including a virtual simulator for eye anatomy. They were also invited guests to the Academy's ½ day YO Program. They come from 21 different schools, 15 states and Puerto Rico. They include 9 African Americans, 1 Haitian, 1 African, 15 Latinos and 2 Native Americans. Twenty-three are MS2, two are MS1 and there are 3 senior undergraduates all of whom who have been matched with an ophthalmologist mentor.

Dr. Carter discussed future goals of this effort including devising recruitment strategies for undergraduate, MS1 and MS2 students; developing mentor recruitment strategies and; working on communication channels and program promotions development.

- IV. Preview of the January 2018 Ophthalmic Advocacy Leadership Group (OALG) Meeting Academy Senior Secretary for Advocacy Daniel J. Briceland, MD announced that the 2018 OALG meeting has been scheduled for January 19, 2018. Invitations have been directed to the following leaders of 20 subspecialty/specialized interest societies:
- Presidents (Chairs)
 - Presidents-Elect (VP)
 - EVPs and/or Executive Directors

The Academy covers a one-night hotel stay. The OALG meeting provides an opportunity to discuss the Academy's Washington agenda and to gain input from subspecialty/specialized interest society leaders representing 20 societies. Issues and challenges important to ophthalmology and to patients are discussed. Based on discussion from the 2017 OALG meeting, the Academy focused on the following goals in 2017:

- Reduce the administrative burden from current Medicare programs (PQRS, MU & VBM) and the Quality Payment Program, which includes MIPS;
 - Halt the application of MIPS bonus/penalties to Medicare Part B Drug payments to physicians
 - Rein in Prior Authorization by Medicare Advantage Plans
- Provide Medicare program credit to physicians participating in clinical data registries like the Academy's IRIS® Registry;
- Protect ophthalmology payments by defending targeted codes on the "potentially misvalued" list; and
- Ensure veterans receive high quality eye care and expanding access by promoting ophthalmology's TECS program.

The Academy is building on its previous successes to:



- Ensure data collected on global surgery payments accurately reflect the post-operative visits to justify current values for these surgeries;
- Protect our patients' access to compounded pharmaceuticals and ensure that a flexible regulatory approach is taken when implementing the Drug Quality and Security Act;
- Address spiking drug costs and drug shortages;
- Support medical research;
- Play an active role in safeguarding our nation's veterans physician-led eye care, and;
- Protect ability to bill the patient for cosmetic surgery when performing a ptosis repair under Medicare.

Agenda items for the 2018 OALG meeting include the Medicare reimbursement outlook; subspecialty research potential of the IRIS® Registry; drug payment reform initiatives; surgical scope battles and; telemedicine.

V. Roundtable

Dr. MacCumber moderated a roundtable discussion and asked each section Councilor to discuss his/her societies' key priorities and if there was potential for any Council Advisory Recommendations (CARs) to be introduced.

Jennifer Lim, MD – Retina Society

- Acknowledged Dr. MacCumber for his leadership as Council Chair.
- 50th anniversary meeting / developed history of the society
- Expanded membership to include internationals as full members
- Incorporated a YO on the Executive Committee
- Pushing diversity in leadership levels
- Supportive of the Academy's Surgical Scope Fund (SSF) and Advocacy Ambassador Program (sponsored 4 at Mid-Year Forum 2017 and plan to continue in 2018.)

Emily Chew, MD – ARVO

- An international body with representatives from 75 countries
- Initiated a leadership development program
- Expect continued conversation with the Academy on CAR 17-07, *Facilitation of Human Eye Donation for Research*

Peter Kaiser, MD – ASRS

- ASRS very active on issues surrounding Part B drugs.
- Will continue to be supportive of the SSF including \$75,000 contribution in 2017
- Supported the Academy's Advocacy Ambassador Program with 6 sponsored Ambassadors at Mid-Year Forum 2017
- ASRS 2017 annual meeting in Boston was a success
- ASRS has peer-reviewed retina journal with Don D'Amico, MD serving as editor

Woody Van Meter, MD – EBAA

- Represent every eye bank in the U.S. and ten international eye banks
- Statistical report on every cornea transplanted in the U.S.
- Biggest concern is pass-through allowances which ensures supply of donor tissue and our main lifeblood is to get pass-through reimbursement

Greg Lueder, MD – AAP, Section on Ophthalmology

- 60,000 members in AAP
- Vision screening – very effective machine and AAP is helpful with payers.
- Critical issues we continue to address include neurotoxicity of anesthesia in babies and CHIP which covers children not covered by Medicaid



David Plager, MD – Aapos

- Potential CAR: convergence insufficiency categorized as impairment which is currently a federal issue but has the potential to become a state-by-state issue. This is an enormous waste of resources and it makes more sense to address this at the federal level. Mary Lou Collins, MD is working on this issue on behalf of Aapos.
- There is a task force that is continuing to look at the issue of getting more residents interested into going into pediatric ophthalmology.

George Harocopos, MD – AAOOP

- Doing well on membership and increasing the number of ocular oncologists who have joined
- Journal is in 3rd year and going strong.
- Relationship with AAO is strong and we support the Surgical Scope Fund
- Decided to sponsor a fellow to participate in the Mid-Year Forum as part of the Advocacy Ambassador Program

Debra Shetlar, MD – ABO

- Much energy has been spent re-examining/re-designing the MOC process. In the second quarter of 2017, we piloted the “quarterly questions”
- Grateful to the AAO for providing CME for this which may replace the DOCK.
- There is potential for a complete overhaul of the MOC with a transition in leadership of the ABMC.

Paul Edwards, MD – ACS- Advisory Council for Ophthalmic Surgery

- Strong advocate for surgeons, including ophthalmic surgeons
- Supporting bills impacting tort reform
- Produced position paper on GME reform, access to quality of care, supported NIH funding, supported CDC funding.
- Developed statement on scope of practice which is in line step with AAO
- Encouraging ophthalmologists to become ACS members
- Potential CAR – request support of ACS statement on aging

Carla Siegfried, MD – AGS

- Pleased to collaborate with AAO on taxonomy code and the Pyott Glaucoma Education Center
- All the named lectures and main lecture (30) from the AGS annual meeting will be incorporated into the Pyott Center
- Support the Surgical Scope Fund
- Have supported 2 Advocacy Ambassador Program participants for the past several years which has led to the development of the AGS Health Policy Leadership Training Program. We had several applications this year and have selected two participants who have yet to be notified.
- AGS Cares Initiative
- Collaborating with AAO on an IRIS Registry research initiative.
- Bad news: lots of regional issues on MIGS charges.

Kristin Reidy, DO – AOCO

- Shepherding residencies through the ACGME merger. We are thankful for the support of Don Budenz, MD and the AUPO. We’ve had a number of meetings with the executive director of the RC’s for ophthalmology.
- Need assistance with scholarly activity, publication and clinical support. Lacking in glaucoma specialty care
- 900 members



- LDP participant nominated by AOCO graduating in the LDP XIX, class of 2017 (Erin Benjamin, DO)
- Support the Surgical Scope Fund (\$10,000)
- Supporting mission trips to Belize, Africa, Central Americas

Bryon Lee, MD – ASCRS

- Foundation is participating in National Sight Week
- Have developed online education opportunities

Louise Mawn, MD – ASOPRS

- Successful partnership with AAO on reimbursement and retro-active audits
- Held Subspecialty Day

Don Budenz, MD – AUPO

- Collaborating with AAO on the under-represented minorities program which Dr. Carter reviewed earlier in this meeting. Each department of ophthalmology has been requested to donate \$2500 to support this effort.
- Relaunched the Journal of Academy Ophthalmology
- Appreciate the response to CAR 17-03, *Collaboration between VHA and Academic Ophthalmology*

Paul Greenberg, MD – AVAO

- 6000+ Vets screened to date in the Technology-based Eye Care Service (TECS) program which was launched at the Atlanta VA in 2015. There has been high patient satisfaction reported (4.95 out of 5) for overall TECS services.

Andrew Budning, MD – COS

- A YO participant representing the COS is included the incoming LDP XX, class of 2018.

Bennie Jeng, MD – CLAO

- Working with the AAO on the contact lens rule discussed earlier in this meeting
- Workshops with the FDA
- Peer reviewed journal and website

Bill Trattler, MD – Cornea Society

- 779 members
- Pleased about the collaboration with the AAO on the taxonomy code
- Cornea Society University – a website and training for recent cornea fellowships grads

Bill Ehlers, MD – JCAHPO

- Now officially the International Joint Commission on Allied Health Personnel in Ophthalmology (IJAHPO)
- Altered our governance structure with advisory council for individual organizations
- In the legislative arena: collaborating with the AAO on the issue of certified ophthalmic assistants' access to the operating room

Michael Elman, MD – Macula Society

- Gratitude for Mat MacCumber's leadership of the Council in his role as Council Chair
- Research and educational society
- Held a meeting in June 2017 in Singapore and planning a February 2018 meeting in Beverly Hills
- Paying close attention to the threat around Part B drugs. We should apply our state level advocacy efforts to the federal level on this issue.



Chasidy Singleton, MD – NMA – Ophthalmology Section

- Proud to have one of our members – Keith Carter, MD – as the 2018 AAO President
- Pleased to be part of the Task Force on Under-Represented Minorities (URMs). URMs don't see people that look like them in our field. This is *all* of our responsibility to rectify.
- LDP participant nominated by NMA-Ophth Section graduating in the LDP XIX, class of 2017 (Adrienne Scott, MD)
- Encourage councilor attendance at our MACRA symposia on Monday, Nov. 13th
- Encourage continued support of the Robert Copeland Advocacy Fund

Matt Kay, MD – NANOS

- Thanks to the AAO for work on the taxonomy code
- Received 30% response rate on our survey on compensation
- Membership at 650+ with 100 internationals from 32 countries
- New: a sliding scale for membership dues and a YO mentoring program
- Our bi-annual Subspecialty Day was well attended
- It's been a great pleasure to serve on the Council

Brad Fouraker, MD – OMIG

- Had the best attendance in 15 years at our most recent annual meeting
- Holding a symposia tomorrow at the AAO meeting on cataract surgery
- Membership continues to grow with MDs and PhDs
- Also holding a symposia at ARVO
- Appreciate the AAO support on the issue of compounding
- Appreciate serving on the Council and believe that the Council brings enormous value

Maria Scott, MD – OOSS

- New: Collaborated with the AAO YO Committee and AAOE on a pilot *OOSS Scholars Program* which supported the attendance of 10 YOs at AAO 2017 in NOLA. Zeiss provided financial support for this pilot effort.
- LDP project on *OOSS Gives Guide to Charitable Surgery* to plan, market and manage charitable surgery programs in partnership with local, regional and national organizations
- Plans to leverage the OOSS University platform to develop staff certification program
- Collaborating with JCAHPO on tech certification

Zelia Correa, MD, PhD – PAAO

- Wonderful development to include ophthalmologists representing the supranational organizations on this Fall Council meeting's closing session as a result of CAR 16-05, *Pilot Program for Multi-National Societies Council Participation*. This will only serve to enhance the AAO.
- 3860 members. In the last 6 months, over 200 new members (due to PAAO Congress in Lima, Peru).
- PAAO's next congress is May 2019 in Cancun, Mexico. We have supported the travel of 150 visiting professors in the last 10 years. We also are continuing to support advocacy efforts via the 3rd Summit of the Americas.
- We have challenges around indexing the PAAO's Journal of Vision
- Upcoming challenges/opportunities include: enhancing membership; networking; regional courses including in February 2018 in Cartagena and Colombia; online initiatives (webinars every 2 weeks) and; AAO 2018 which will be held jointly with PAAO.

Rachel Lieberman, MD – SMO

- Consists of active and prior military ophthalmologists
- Increase in operating budget and tax-exempt status has been regained
- LDP participant nominated by SMO in LDP XX, class of 2018 (Gary Legault, MD)



- We continue to experience difficulties in being able to travel and appreciate those societies that have extended discounts to military ophthalmologists. Emphasis towards CME availability for active duty members who are finding themselves with decreased resources available for funded CME travel. The AAO again in 2016 maintained decreased annual dues for active duty military members and waived dues for those members who deploy to a combat zone.
- Verification of Active Duty status of members is now to be coordinated through the Society of Military Ophthalmologists by agreement with the Consultants for each Service Branch
- Deploying more to Middle East and Africa and at an increased tempo

Regina Pappas, MD – WIO

- Banner year for membership growth and international outreach.
- 426 members
- Partnered with Ophthalmic Society of West Indies (OSWI)
- Held WIO Symposia at the AGS Annual Meeting in March 2017 with presentation on *Following Your Passion to Leadership* by Cynthia Bradford, MD. Next year, we plan to hold a panel of key opinion leaders in glaucoma.
- Congratulations to Emily Chew, MD who was honored with WIO's Suzanne Veronneau-Troutman Award

VI. Adjournment

Dr. MacCumber thanked the section meeting attendees and adjourned the meeting at 3:47pm CT.

*Attendees

Councilors and Alternate Councilors:

Mathew MacCumber, MD, PhD
Jennifer I. Lim, MD

Donald L. Budenz, MD, MPH

Andrew S. Budning, MD
Emily Y. Chew, MD

Zelia Correa, MD, PhD
Paul A. Edwards, MD

William H. Ehlers, MD

Michael J. Elman, MD
Bradley D. Fouraker, MD

Rachel Lieberman, MD
Paul B. Greenberg, MD
George J. Harocopos, MD

Bennie H. Jeng, MD
Peter K. Kaiser, MD
Matthew D. Kay, MD
Judy E. Kim, MD
Bryan Lee, MD
Gregg T. Lueder, MD

Louise A. Mawn, MD

Council Chair

Deputy Section Leader and Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery
Councilor, Association of University Professors of Ophthalmology (AUPO)

Alternate Councilor, Canadian Ophthalmological Society
Councilor, Association for Research in Vision and Ophthalmology (ARVO)

Councilor, Pan-American Association of Ophthalmology (PAAO)
Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery

Councilor, Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO)

Councilor, Macula Society
Councilor, Ocular Microbiology and Immunology Group (OMIG)

Councilor, Society of Military Ophthalmologists (SMO)
Councilor, Association of Veterans Affairs Ophthalmologists
Councilor, American Association of Ophthalmic Oncologists and Pathologists (AAOOP)

Councilor, Contact Lens Association of Ophthalmologists (CLAO)
Councilor, ASRS

Councilor, North American Neuro-Ophthalmology Society (NANOS)
Councilor, ASRS

Councilor, ASCRS

Councilor, American Academy of Pediatrics (AAP), Section on Ophthalmology

Councilor, American Society of Ophthalmic Plastic & Reconstructive



Regine S. Pappas, MD
David A. Plager, MD

Russell W. Read, MD, PhD
Kristin Reidy, DO
Sarwat Salim, MD

Maria C. Scott, MD
Carla J. Siegfried, MD
Debra J. Shetlar, MD
Chasidy D. Singleton, MD
William B. Trattler, MD
Woodford S. Van Meter, MD

Guests:

Komi Balo, MD
Andrew S. Budning, MD
Cynthia A. Bradford, MD
Daniel J. Briceland, MD
Louis B. Cantor, MD
Keith D. Carter, MD
Kimberly Davis, MD
Kathleen Duerksen, MD
James W. Gigantelli, MD
Denise A. Hug, MD
Scott A. Larson, MD
Gary L. Legault, MD
Mary G. Lynch, MD
Christie Morse, MD
Michael X. Repka, MD, MBA
William L. Rich, MD
Derek T. Sprunger, MD
Michael T. Trese, MD
Thomas L. Steinemann, MD

Staff

Cathy Cohen
Gail Schmidt

Surgery (ASOPRS)
Councilor, Women in Ophthalmology (WIO)
Councilor, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)
Councilor, American Uveitis Society (AUS)
Councilor, American Osteopathic College of Ophthalmology (AOCO)
Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery
Councilor, Outpatient Ophthalmic Surgery Society (OOSS)
Councilor, American Glaucoma Society (AGS)
Councilor, American Board of Ophthalmology (ABO)
Councilor, National Medical Association – Ophthalmology Section
Councilor, Cornea Society
Councilor, Eye Bank Association of America (EBAA)

African Ophthalmology Council
Canadian Ophthalmological Society / Speaker
AAO President
AAO Senior Secretary for Advocacy / Speaker
AAO Senior Secretary for Clinical Education / Speaker
AAO President-Elect / AUPO President / Speaker
AAO LDP XX, class of 2018 nominated by ACS-Ophth Section
Councilor-in-training, ASOPRS

AAO LDP XX, class of 2018 nominated by MoSEPS
AAO LDP XX, class of 2018 nominated by AAPOS
AAO LDP XX, class of 2018 nominated by SMO
AAO Secretariat for State Affairs / Department of Veterans Affairs
EVP, AAPOS
AAO Medical Director for Governmental Affairs / Speaker
AAO Past President and Medical Director of Health Policy
President, AAPOS
Chair, AAO Telemedicine Workgroup
AAO Committee for Research, Regulatory and External Scientific Relations

AAO staff
AAO staff