



Spring Council Meeting Council Advisory Recommendation (CAR) Hearing Report April 24, 2021

21-01: Improving Ophthalmic Trauma Care and Education

SUBMITTED BY: American Society of Ophthalmic Trauma

PROBLEM STATEMENT: Ophthalmic trauma is a significant cause of visual impairment and monocular vision loss worldwide with a significant impact on medical care, vocational rehabilitation, and socioeconomic cost. Repair must be timely and expert. Ophthalmologists and healthcare providers face a deficit of an institutional nationwide system of care, and educational and training resources on how to effectively manage these injuries. Compounding the challenge is increased sub-specialization with loss of comfort caring for traumatic ophthalmic conditions and ophthalmology's nationwide withdrawal from hospital-based practice to office- or ASC-based practice, resulting in loss of predictable and reliable on-call coverage.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	94%
No	5%
Abstain	1%

PRIORITY: MEDIUM

Low	13%
Medium	54%
High	32%
Abstain	1%

Comments from the CAR Hearing:

- No verbalized comments or questions.

BOT Referred to:

- Christopher J. Rapuano, MD – Senior Secretary for Clinical Education; Maria Aaron, MD - Secretary for Annual Meeting
- Status Report – due for June 2021 Board of Trustees meeting

21-02: Limiting Outpatient Access to Topical Ophthalmic Anesthetics

SUBMITTED BY: Oklahoma Academy of Ophthalmology

PROBLEM STATEMENT: Extended use of topical ophthalmic anesthetics (TOA's) can lead to serious patient harm and vision loss if used inappropriately. We therefore propose that these medications be limited to diagnostic use and that additional measures be taken to limit inappropriate use.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	84%
No	14%
Abstain	2%

PRIORITY: LOW

Low	45%
Medium	36%
High	19%
Abstain	0%

Comments from the CAR Hearing:

Question from Rachel C. J. Reinhardt, MD – Speaking on her own behalf.

With this CAR, are we saying that we are okay if we could find a bottle that's less than one mL then there is general agreement that patients could have this for 24 hours? My second question is, does the Academy have a formal statement about the use of topical anesthetics?

Response from David B. Glasser, MD –Secretary for Federal Affairs

The Academy does not have a formal statement regarding dispensing a limited 24-hour supply of topical anesthetics. There is plenty of literature showing that prolonged use is deleterious to the cornea and dangerous. There is evidence in the refractive surgery and the emergency medicine literature that limited 24-hour use is acceptable. Of course, the refractive surgery patients are different from trauma cases. They have established relationships with an ophthalmologist. The evidence that short-term therapy is safe in the emergency department is limited to the controlled conditions of a clinical study. That can be stressed in our communications with the American College of Emergency Physicians.

Question from Amin Ashrafzadeh, MD – Speaking on his own behalf.

The concern is that for those of us in private practice, the cost of medications does make a difference. In 20 years of cornea practice, I have not yet seen a single patient that has suffered from this. So how big of a pandemic is this? How many patients are flocking to all the universities? Will this cause an increase in the cost of these medications for ALL practicing ophthalmologists? Has that been taken into account?

Response from David B. Glasser, MD – Secretary for Federal Affairs

After 30 some years of cornea practice, I will say that I can probably count on one hand the number of cases of complications from prolonged anesthetic use, but there are anecdotal reports and a number of the proposed solutions in the CAR would have no cost. The one that might have cost is asking manufacturers to produce a small volume bottle, and frankly that's going to be up to them. We really have no control, neither does the FDA, over how the manufacturers produce those, and it's quite possible that they would look at the situation and say there's not enough of a market to do so. Additionally, if it is

expensive, would that then affect the cost of other topical anesthetics? Probably not, but hard to predict.

Comments from the Chat tool, verbalized by Council Deputy Section Leader, Cathleen M. McCabe, MD

Linda Tsai, MD (Councilor) – The Missouri Society of Eye Physicians and Surgeons supports this CAR.

Thomas Aaberg, MD (Councilor) – The Michigan Society of Eye Physicians and Surgeons supports this CAR.

Stephen Klapper, MD (Councilor) – The Indiana Academy of Ophthalmology supports this CAR.

BOT Referred to:

- David B Glasser, MD – Secretary for Federal Affairs; George A Williams, MD - Senior Secretary for Advocacy; Michael X Repka, MD, MBA - AAO Medical Director for Governmental Affairs
- Status Report – due for June 2021 Board of Trustees meeting

21-03: Reconsidering Visual and Cognitive Driving Fitness

SUBMITTED BY: Michigan Society of Eye Physicians and Surgeons

PROBLEM STATEMENT: Denial or loss of a driver's license often results in loss of independence, depression, decreased access to health care, increased risk for long term care, increased mortality, and increased health care costs.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	85%
No	14%
Abstain	1%

PRIORITY: MEDIUM

Low	17%
Medium	45%
High	37%
Abstain	1%

Comments from the CAR Hearing:

Comment from Prem S. Subramanian, MD, PhD – Speaking on behalf of the North American Neuro-Ophthalmology Society

The point that was raised, which is a really good one, is that one potential option is to establish an AAO task force or working group, but also incorporating other groups like the American Geriatrics Society or the American Academy of Neurology, to come up with something that is more multi-disciplinary. Dr. Peters' made a very good response that the AAO may not really have the standing to address some of these cognitive issues, so I would just be interested in knowing from either Dr. Aaberg or Dr. Peters what they think about proceeding and that way, if the Council puts us as a priority, thank you.

Response from Thomas M. Aaberg, Jr. MD – Michigan Society of Eye Physicians and Surgeons

The spirit of our CAR is to hopefully bring in other aspects of medicine. This should be a collective effort and we do agree with the concept of a task force. We need to be at the table with others to move things into the 21st century. A lot of these rules and metrics are based on 1960's decisions.

Response from John D. Peters, MD – Secretary for State Affairs

I agree with Drs. Aaberg and Subramanian. It would be nice to give some guidance to the State Societies and give them some guidelines to make it a little easier for them, because this can get very complex very quickly. Of course, this would have to be spoken about at the Academy board of trustees level, but I agree something on the order of a task force is important because there are so many stakeholders.

Comment from Evan Lagouros, MD – Councilor for the Illinois Society of Eye Physicians and Surgeons, speaking on his own behalf.

I think this is a really great idea as well. One thing we have to be careful with if we're not at the table when these decisions are made, is that we don't want to end up with a medical or legal responsibility to decide if someone is a legal to drive or not. We want to be careful with that piece of the puzzle.

BOT Referred to:

- John D. Peters, MD – Secretary for State Affairs
- Status Report – due for June 2021 Board of Trustees meeting

21-04: Maintaining Retirement-Age Ophthalmologists as Participants in Ongoing Care

SUBMITTED BY: California Academy of Eye Physicians & Surgeons

PROBLEM STATEMENT: Meeting the anticipated demand for a burgeoning population of patients in need of quality ophthalmic care requires innovative approaches to ensure the skills of those who have devoted their lifetimes to the profession of ophthalmology are relied upon for as long as possible.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	85%
No	13%
Abstain	2%

PRIORITY: LOW

Low	77%
Medium	18%
High	4%
Abstain	1%

Comments from the CAR Hearing:

-No verbalized comments or questions.

BOT Referred to:

Ravi D. Goel, MD – Senior Secretary for Ophthalmic Practice
Status Report – due for June 2021 Board of Trustees meeting