



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

**Saturday, April 29, 2017
Renaissance Downtown Hotel
Washington, D.C.**

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 Fall 2016 Council section meeting were approved as distributed.

II. Key Take-Aways: 2017 Ophthalmic Advocacy Leadership Group (OALG) Meeting

Academy Senior Secretary for Advocacy Daniel J. Briceland, MD, reviewed the Academy's 2017 Ophthalmic Advocacy Leadership Group meeting which was held over the inaugural weekend in January. Leaders representing fifteen subspecialty and specialized interest societies attended the OALG meeting which provides an opportunity for society leaders to hear the latest advocacy issues impacting ophthalmology and impact the Academy's legislative agenda. Dr. Briceland discussed some of the positive outcomes from the Academy's collaboration with its subspecialty society partners including the roll back of drastic proposed fee cuts in retina and glaucoma; halting CMS' misguided Medicare Part B demonstration project and; derailing CMS' onerous global surgery data collection proposal. At the 2017 OALG, attendees called upon the Academy to take full advantage of the new political environment and to focus its advocacy efforts on bringing relief for ophthalmologists from Medicare regulatory burdens.

Dr. Briceland outlined the Academy's 2017 primary goals based on the discussions taking place at OALG 2017:

- Reducing the administrative burden from current Medicare programs (PQRS, MU & VBM) and the Quality Payment Program, which includes MIPS;
- Providing Medicare program credit to physicians participating in clinical data registries like the Academy's IRIS® Registry;
- Protecting ophthalmology payments by defending targeted codes on the "potentially misvalued" list; and
- Ensuring veterans receive high quality eye care and expanding access by promoting ophthalmology's TECS program.

2018 OALG Meeting

Dr. Briceland announced that the 2018 OALG meeting has been scheduled for January 19, 2018. Invitations will be directed to the following leaders of 20 subspecialty/specialized interest societies:

- Presidents (Chairs)
- Presidents-Elect (VP)
- EVP and/or Executive Director

The Academy covers a one-night hotel stay.



III. Proliferation of Glaucoma Surgical Devices & Procedures

American Glaucoma Society President and Academy Trustee-at-Large Cynthia Mattox, MD discussed the proliferation of glaucoma surgical devices and procedures. Dr. Mattox also presented similar information in February 2017 at the Academy's Board of Trustees meeting in San Francisco. Dr. Mattox referred to several studies/surveys discussing adherence to medical therapy for glaucoma patients as well as those related to complications and traditional filtration surgery risks. She noted the goals for intermediate intervention which includes first and foremost, safety. Other goals include reducing reliance on self-administered treatment (i.e. eye drops); minimizing a patient's financial burden over time; reducing the need for more aggressive surgery until it is a necessity; providing individualized care based on patient characteristics and; changing the course of the disease early in the process.

Dr. Mattox then reviewed various procedures and devices now available and the change in paradigms for the glaucoma specialist. The 'old' paradigm included the transition from medications, to laser trabeculoplasty (LTP), to trabeculectomy, to aqueous drainage implant and finally to cyphotocoagulation (CPCC). The "new" paradigm reveals a sequence of treatment starting with medications or LTP followed by medications or LTP, to ab interno device or procedure with or without phaco, to CPCC, to trabeculectomy or aqueous drainage implant to CPCC.

Dr. Mattox then reviewed glaucoma surgical devices by device name and company, their corresponding CPT code and whether or not they are currently FDA approved. She noted for angle surgeries, the following are considered Category 1 codes: 65820, 65850, 66174. In discussing coverage and payment issues, Dr. Mattox outlined the steps to payment in Medicare for Category 3 "T" codes. She noted that physician payment is Medicare carrier-priced after being allowed coverage. Additionally, Dr. Mattox stated that there are coverage policies in the works where LCDs can limit access, for example, there is specific FDA trial exclusion and inclusion criteria such as the type of glaucoma, the stage of the patient's glaucoma, etc. There are also private payer delays.

Dr. Mattox concluded by noting that the AAO, AGS and ASCRS are collaborating to advocate for patient access as surgeons want access to devices. State ophthalmology societies and Carrier Advisory Committee members are also assisting. She noted to section Councilors to expect LCDs and pricing policies to emerge over the next few months.

IV. Report from AUPO Fellowship Compliance Committee (FCC)

Michael Belin, MD, Chair of the AUPO's Fellowship Compliance Committee (FCC), reviewed the background of the development of the FCC which was in response to both a need by fellows and by the public to insure quality of training. Its intent was to avoid any adverse impact on residency positions and to avoid the expense and complexity of oversight by the American Council of Graduate Medical Education (ACGME). The AUPO-FCC came into existence in March 2005. Dr. Belin reviewed the makeup of the AUPO-FCC officers, the board of managers which is made up of subspecialty representatives, and the current participating societies including cornea, external disease and refractive surgery, glaucoma, neuro-ophthalmology, oncology/pathology, pediatric ophthalmology, surgical retina and vitreous, and uveitis.

Dr. Belin reviewed the goals of the AUPO-FCC which include the promotion of educational standards as well as the protection of the public, institutions and trainees. He noted that fellowship requirements are established by individual subspecialty societies and both reviewed and approved by the entire FCC committee. Dr. Belin noted that a web-based system is used



for applications, annual data collection, an annual program review by fellows via an exit survey, and a triennial or quadrennial program review.

Dr. Belin discussed the AUPO-FCC's review process, its appeal process and the logo ("AUPO-FCC In Compliance") that compliant programs can display. The status of compliant/non-compliant programs is available at www.aupofcc.org or www.sfmach.org. He also reviewed the compliant vs. non-compliant programs and the percentage of participation per each subspecialty. Dr. Belin discussed online surgical logs and provided an example of surgical log data from 2009-2016 for cornea, external disease and refractive surgery.

Dr. Belin discussed the budget for the AUPO-FCC and thanked the AUPO and the AAO for their support. He reported that for FY 2016-2017, the AUPO-FCC is projected to be in the black. Fellowship programs pay an annual fee as do subspecialty societies.

Dr. Belin also discussed the AUPO-FCC's collaboration with the AUPO, AAO, AMA and the National Uniform Claim Committee (NUCC) to recognize the FCC process and assist in granting new taxonomy codes.

Finally, Dr. Belin reviewed an AUPO-FCC fellowship survey and presented some results to questions regarding practices' provision of occurrence-based or claims-based malpractice; who is responsible for the tail if claims-based; fellowship start dates and; requirement of an orientation appointment prior on or prior to July 1. The AUPO-FCC is reviewing the results and discussion points as minimal disclosure information is currently required for fellowship applicants. The AUPO-FCC is looking at the clinical start date (which should not be prior to July 1); compensation and salary information; vacation allotments; educational meeting allotment and funding; healthcare coverage; malpractice coverage and who pays and; on call responsibility and frequency.

V. Section Elections

Deputy Section leader Jennifer Lim, MD conducted the elections in the subspecialty section for the following Council leadership positions:

- Council Vice Chair (Jan 1, 2018 – December 31, 2019)
- Deputy Section Leader for 2018
- Section Representative to Academy Nominating Committee for 2018
- Section Nominating Committee for 2018

Dr. Lim announced the section election results for the position of 2018-2019 Council Vice Chair. Sarwat Salim, MD and Brad Fouraker, MD were announced as the winners in the section election and would move forward in the final election for this position with voting by the full Council during the Council general session which would directly follow this section meeting.

Note: The election results for all contested positions were announced later in the Council general session:

- Council Vice Chair (Jan 1, 2018 – December 31, 2019) – Sarwat Salim, MD
- Deputy Section Leader for 2018: Judy Kim, MD (ASRS)
- Section Representative to Academy Nominating Committee for 2018: Zelia Correa, MD (PAAO)
- Section Nominating Committee:
 - William H. Ehlers, MD (Joint Commission on Allied Health Personnel in Ophthalmology)
 - Paul B. Greenberg, MD (Association of Veterans Affairs Ophthalmologists)
 - Russell W. Read, MD, PhD (American Uveitis Society)

VI. Collaborative Efforts – Academy & Subspecialty Societies

a. Michael X. Repka, MD, MBA – Medical Director for Governmental



Affairs, AAO

b. Louis Cantor, MD – Senior Secretary for Clinical Education, AAO

Academy Medical Director for Governmental Affairs Michael Repka, MD, MBA reviewed several efforts that the Academy is working on in concert with subspecialty societies.

- o **Specialists Guide to Quality Reporting in MIPS**

Dr. Repka reported that the Academy has comprehensive resources on the Academy's website, aao.org, that serves as "specialists' guides to quality reporting in the Merit-Based Incentive Payment System (MIPS)". Information is available for each subspecialty (cataract, cornea, glaucoma, neuro-ophthalmology, oculofacial, pediatric, retina), as well as for comprehensive ophthalmologists, on how to report (whether you have an EHR or not), how to avoid a penalty, how to earn a bonus, quality measures for the respective subspecialty, claims reporting information, how the IRIS Registry can help you avoid future penalties, etc. Dr. Repka encouraged section Councilors to check out the information available if they hadn't already done so.

Dr. Repka reviewed the MIPS' four categories for evaluation which include quality measures (60%); advancing care information (25%); clinical practice improvement activities (15%) and; resource use (0%). MIPS is a budget neutral program – a zero sum game. He stressed that the Academy has also been educating members and their staff about MIPS during subspecialty and state society meetings. He reviewed MIPS scores: a. final MIPS scores of at least 3 will avoid negative payment adjustments. This can be achieved by submitting one quality measure or one improvement activity; b. final MIPS scores greater than 3 and lower than 70 may be eligible for a small positive incentive payment up to 4% and; c. final MIPS scores of 70 or higher will be eligible for an incentive payment of at least 0.5% from funding authorized for MIPS participants with "exceptional performance". The additional bonus for exceptional performance is capped at 10%.

Dr. Repka stressed that the Academy realizes that problems continue to exist and will continue to advocate along with its partners in medicine for reduced burdens on ophthalmologists. Requests for comments have been solicited from leaders and members and shared with CMS and Congress. The Academy expects many more ideas to surface as we begin to operate in this environment.

Dr. Repka provided section Councilors with resources:

- For IRIS Registry and MIPS Reporting: www.aao.org/iris-registry/medicare-reporting
- Email your questions to:
 - o Rebecca Hancock (rhancock@aao.org)
 - o MIPS: mips@aao.org
 - o IRIS Registry: irisregistry@aao.org
- o **ICD10CM**

Dr. Repka reported that the Academy has collaborated with ASOPRS on plastics codes.
- o **Taxonomy**

Dr. Repka reported that taxonomy codes have been completed for oculoplastics, retina, glaucoma and uveitis. Others that have applied and are pending include cornea, neuro-ophthalmology and pediatrics.
- o **Modifier 25**

The CPT modifier 25 continues to be a problem for physicians and payers. Dr. Repka referred to a statement in a 2017 *EyeNet* magazine, "Are you using modifier -25 appropriately? Payers



have noticed an upward trend in its use and have responded by conducting a rash of audits—and that makes today an opportune time to double-check that you're using it correctly."

- o **Global Surgery Post Operative Visit Data Collection**

Dr. Repka reviewed the 9 states that are impacted by the Global Surgery Post Operative Visit Data Collection effort. They include:

1. Florida
2. Kentucky
3. Louisiana
4. Nevada
5. New Jersey
6. North Dakota
7. Ohio
8. Oregon
9. Rhode Island

Beginning July 1, 2017, the code 99024 will be used for:

- 11200, 11440, 11441, 11442, 11443, 12051, 12052, 13151, 13152, 14040, 14041, 14060, 14061, 15120, 15260, 15823, 17110, 17280, 17281, 17282, 17283, 37609
- 65756, 65855, 66170, 66179, 66180, 66711, 66761, 66821, 66982, 66984, 67036, 67040, 67041, 67042, 67108, 67113, 67145, 67210, 67228, 67255, 67800, 67840, 67900, 67904, 67917, 67924, 68760, 68761, 68801, 68810, 68840

Dr. Repka stated that the RAND Corporation will be studying these codes as far as actual work and practice expense inputs. He noted that this is a very complicated issue and that about 45% of surgical fees are tied to these codes.

Academy Senior Secretary for Clinical Education Louis Cantor, MD discussed the status of the Glaucoma Education Center. Dr. Cantor reported that in 2016, the David E. I. Pyott Foundation provided a \$2 million endowment for a Glaucoma Education Center on the ONE Network. Dr. Cantor noted that the goals of the center include the:

- o **provision of freely available instruction** to clinicians: interactive models, simulation, access to expert insight
- o **integration of elements of the IRIS Registry** so data drive decisions for more effective care
- o **establishment of an online peer network** that connects glaucoma specialists worldwide

Dr. Cantor reviewed the Academy's approach for year one of the endowment which included:

- o assembling editorial leadership to oversee 13 clinical sections modeled on the practicing ophthalmologists curriculum
- o engaging worldwide experts and glaucoma societies to assist with development
- o incorporating Academy content from the ONE Network
- o collaborating with AGS leaders on sourcing content and defining IRIS goals
- o focusing on innovative educational formats and baseline data from IRIS
- o planning to announce launch at AAO 2017, the Academy's annual meeting in New Orleans

He then reviewed the progress to date:

- In the fall 2016, executive editors Anne Coleman, MD, PhD and Lou Cantor, MD confirmed lead editors and over 70 contributors
- Needs were assessed and work prioritized for each clinical section
- An editorial meeting was held at the 2017 American Glaucoma Society annual meeting
- Each section is meeting monthly to review progress and individual resource needs



Dr. Cantor said that the next steps for the Glaucoma Center in conjunction with the launch planned for AAO 2017 in New Orleans include:

- Enlisting designers for interactive work
- Content authoring, animation and surgical video development
- Data assembly and visual design for observational data from IRIS Registry
- Develop web architecture for new center

In the next 2-4 years, Dr. Cantor noted that goals for the center include greater integration with the IRIS Registry; continued development of content; evaluating the needs for a peer network, development of an app and; the addition of patient-centered content.

VII. CAR Discussion

Dr. MacCumber asked if section Councilors would like to discuss any of the 13 Council Advisory Recommendations (CARs) before the CAR hearing. PAAO Councilor Zelia Correa, MD brought up CAR 17-06, *Eligibility Criteria for Organization Representation in Council*, and encouraged section Councilors to support the recommendations included in this CAR during the CAR hearing.

VII. Adjournment

Dr. MacCumber reminded section Councilors that election results for several Council leadership positions would be announced in the Council closing session *and* that the final election for 2018-2019 Council Vice Chair would also take place during the closing session. He thanked the section meeting attendees and adjourned the meeting at 9:17am.



***Attendees**

Councilors and Alternate Councilors:

Mathew MacCumber, MD, PhD
Jennifer LIM, MD

Erin P. Benjamin, DO
Donald L. Budenz, MD, MPH

Emily Y. Chew, MD

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

William H. Ehlers, MD

Bradley D. Fouraker, MD

William G. Gensheimer, MD
Paul B. Greenberg, MD
George J. Harocopos, MD

Vincent S. Hau, MD
Bennie H. Jeng, MD
Matthew D. Kay, MD
Judy E. Kim, MD
Bryan Lee, MD
Gregg T. Lueder, MD

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

Russell W. Read, MD, PhD
Sarwat Salim, MD

Maria C. Scott, MD
Carla J. Siegfried, MD
Debra J. Shetlar, MD
Chasidy D. Singleton, MD

Council Chair

Deputy Section Leader and Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery
Councilor, American Osteopathic College of Ophthalmology (AOCO)
Councilor, Association of University Professors of Ophthalmology (AUPO)
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, Ocular Microbiology and Immunology Group (OMIG)
Alternate Councilor, Society of Military Ophthalmologists (SMO)
Councilor, Association of Veterans Affairs Ophthalmologists
Councilor, American Association of Ophthalmic Oncologists and Pathologists (AAOOP)
Alternate Councilor, American Society of Retina Specialists (ASRS)
Councilor, Contact Lens Association of Ophthalmologists (CLAO)
Councilor, North American Neuro-Ophthalmology Society (NANOS)
Councilor, ASRS
Councilor, ASCRS
Councilor, American Academy of Pediatrics (AAP), Section on Ophthalmology
Councilor, Women in Ophthalmology (WIO)
Councilor, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)
Councilor, American Uveitis Society (AUS)
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

Guests:

Lynn Anderson
Michael W. Belin, MD
Cynthia A. Bradford, MD
Daniel J. Briceland, MD
Louis B. Cantor, MD
Jane C. Edmond, MD
Robert Garoon, MD

Martha Henao, MD

Paul P. Lee, MD, JD
Cynthia Mattox, MD
William F. Mieler, MD
Eydie Miller, MD
Christie L. Morse, MD
Timothy W. Olsen, MD
Sean M. Platt, MD

Andrew M. Prince, MD

CEO, JCAHPO
Chair, AUPO Fellowship Compliance Council / Speaker
AAO President
AAO Senior Secretary for Advocacy / Speaker
AAO Senior Secretary for Clinical Education / Speaker
AAO Trustee-at-Large
Advocacy Ambassador Program participant sponsored by Retina Society
Advocacy Ambassador Program participant sponsored by California Academy of Eye Physicians and Surgeons
President, ABO
AAO Trustee-at-Large / AGS President / Speaker
AAO Trustee-at-Large
President, JCAHPO
EVP, AAPOS
AAO Secretary for Quality of Care
Advocacy Ambassador Program participant sponsored by Retina Society
AAO Trustee-at-Large



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AAO Medical Director for Governmental Affairs / Speaker
AAO Past President and Medical Director of Health Policy
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