



Status Report for Council Advisory Recommendation:

19-01: **Title:** Recommendation on Maximum Brightness of New Headlights

Report From: David B. Glasser, MD – Secretary for Federal Affairs

Analysis: The CAR asks for the American Academy of Ophthalmology to research and provide a recommendation on the maximum brightness for car headlights. The CAR calls for engagement with automobile companies and the appropriate regulatory bodies at the federal level. The Academy agrees that with newer forms of headlights presenting night driving challenges for ophthalmology patients, that research and a potential recommendation is warranted.

The Academy does not have expertise in the development of standards related to motor vehicle lighting. While we can contribute expertise in contrast sensitivity and glare testing, these standards and test protocols are typically devised based on engineering considerations. Due to the ramifications of newer forms of motor vehicle lighting on our patients, the Academy will evaluate opportunities to engage with the appropriate regulatory bodies and with stakeholders in the automobile industry.

Rating: 1 = Currently being addressed by the following AAO activities. =

Report: Outreach to the appropriate stakeholders and governmental agencies will take place in the near term, with any necessary meeting occurring by end of 2019. The Academy's Government Affairs Division is seeking to engage with the Society of Automotive Engineers, which recommends standards and test protocols, and the National Highway Traffic Safety Administration, which would promulgate any rules related to headlight standards. The Academy's focus is to highlight the frequency by which ophthalmology patients express concern with the impact of headlights on their vision, especially in lieu of new technology and an aging population.

Rating: 0 = Recommend no action because... 1 = Currently being addressed by the following AAO activities... 2 = Good idea but cannot implement right now because... 3 = Implemented or will be implemented by...



Status Report for Council Advisory Recommendation:

19-02: **Title:** Transparency in IOL Power Variability

Report From: David B. Glasser, MD – Secretary for Federal Affairs, Michael X Repka, MD, MBA –
Medical Director for Government Affairs

Analysis:

The Academy agrees with the CAR that increased awareness of variability and tolerances in IOL power and axis labeling is necessary. We agree that engagement with industry, the FDA, and ISO on improvements to labeling that would include information on tolerance and/or the standard deviation of the dioptric power and axis is merited. The Academy has long-standing relationships with key stakeholders on this issue, including at the FDA and throughout the lens manufacturing industry. The Academy also has a representative to ANSI, the American National Standards Institute, who works on ISO-related efforts. Our representative is Carl Tubbs, MD.

Rating: 1 = Currently being addressed by the following AAO activities...

Report:

The Academy's Government Affairs Division is seeking to engage with the appropriate person at FDA on this matter and will be meeting with them in the near term. The Academy also plans to have discussions about this issue with our ANSI representative in June 2019 in order to identify whether existing ISO-related projects are already addressing these issues.

Rating: 0 = Recommend no action because... 1 = Currently being addressed by the following AAO activities... 2 = Good idea but cannot implement right now because... 3 = Implemented or will be implemented by...



Status Report for Council Advisory Recommendation:

19-03: Title: AOP Apprenticeship Training - Workforce Shortage Solution

Report From: Christopher J. Rapuano, MD – Senior Secretary for Clinical Education; Robert E. Wiggins, MD, MHA – Senior Secretary for Ophthalmic Practice

Analysis:

The CAR on behalf of IJCAHPO proposes an Allied Ophthalmic Personnel (AOP) apprentice training program. The author, Richard Allen, MD, PhD, identifies healthcare worker shortages as a significant challenge potentially affecting the quality, efficiency, and patient safety in ophthalmology practices.

Currently there are limited pathways for AOP certification: accredited academic programs and on-the-job training. An apprenticeship program is described as a tool that would give practices an approach to train AOP and educate them while they work.

The CAR recommends these strategies to further this proposal: 1. Establishing a task force comprising IJCAHPO, AAO, and state and specialty eye societies to develop an AOP training plan using the apprenticeship model, 2. Unifying training and competencies by supporting accepted standards of tasks performed by AOP, 3. Promoting the benefits of apprenticeship programs to ophthalmology practices and encouraging their participation, 4. Producing a White Paper on AOP job training in ophthalmology practices and the benefits of increased standardization and enhanced training from an apprenticeship program, and 5. Identifying and securing federal funding to support an apprenticeship program.

The Academy agrees that the shortage of qualified, highly-skilled ophthalmic technicians is a real and serious issue in ophthalmology, and workforce development for ophthalmic allied health professionals is an important topic to discuss. Based on discussions with Dr. Allen, the Academy recognizes possible benefits to include increased collaboration between IJCAHPO and the Academy, improved recognition of the Academy among Allied Health professionals and practice managers, and enhancement of the pathway to certification and therefore higher quality ophthalmic patient care. Likewise, the Academy has an Ophthalmology Liaisons committee, which Dr. Allen chairs, in place that may be a contributor to such an effort.

Rating: 1 = Currently being addressed by the following AAO activities...

Report:

The Academy desires to analyze whether this model is the optimal pathway to address this issue. As a first step, the Academy has scheduled an exploratory meeting on June 27, 2019, with Academy staff, Academy physician leadership, and IJCAHPO to discuss the needs and better define the structure and parameters of such a program. Invited representatives from IJCAHPO are CEO Lynn D. Anderson, PhD, Secretary of Public Affairs William H. Ehlers, MD, and Public Affairs Director, Wade Delk. Also participating in the meeting is Richard C. Allen, MD, PhD, author of CAR 19-03, Ophthalmology Liaisons Committee Chair, and AAO Councilor for IJCAHPO.

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We plan to use this meeting and additional discussions, as needed, to determine the feasibility of the aforementioned components such as the development of a whitepaper, identification of federal funding resources, approaches to promote awareness of training for technicians, and naming of subject matter experts to design and develop content to support the project.



Status Report for Council Advisory Recommendation:

19-04: Title: Vision and Driving Fitness: A Matter of Public Safety

Report From: Kurt F. Heitman, MD – Secretary for State Affairs;
Dianna L. Seldomridge, MD, MBA – Secretary for Communications

Analysis:

This CAR, submitted by the Virginia Society of Eye Physicians and Surgeons, outlines the challenging role that ophthalmologists face in providing support and guidance on driving to patients with impaired vision. Referring to the lack of evidence-based, professionally developed guidelines on vision impairment and driving fitness—as well as a lack of awareness/understanding among many physicians regarding their states' reporting requirements—the CAR asks the Academy to clarify “best” practices for ophthalmologists to refer to regarding how to conduct themselves where poorly sighted drivers are concerned.

Rating:1 = Currently being addressed by the following AAO activities:

Report:

With regard to vision impairment and driving, the Academy recognizes its members must be ethical advocates for patients and public safety, and that it is important for ophthalmologists to have “a safe and clear path of reporting.”

The Academy commends the Virginia Society of Eye Physicians and Surgeons' significant work in the area of vision, driving and public safety. Working with state and local medical societies and other stakeholders, they have raised awareness of the need for healthcare professionals to report poorly sighted drivers directly to the Department of Motor Vehicles (DMV), while affording anonymity and protection from legal repercussions. Thanks to these efforts, Virginia changed the minimum visual field requirement for drivers. They also revised the DMV Vision Reporting Form, clarifying and streamlining the process by which the eye care professional reports a potentially impaired driver.

At the Communications Secretariat meeting in May, members identified the following issues with regard to developing guidelines at the Academy level:

- All states have their own guidelines (or lack thereof). If the Academy develops guidelines, they may conflict with certain state requirements, putting members at risk in reporting.
- There is not enough scientific data on vision impairment and driving yet to guide the development of nationwide best practices.
- Despite the need for visual guidelines at any level, vision is not the only factor in assessing health impairment on driving; there are cognitive, muscular and other issues as well, and the Academy cannot participate in those aspects of assessment.

The Communications Secretariat believes that any effort to address vision and driving guidelines would be most effective as a state-driven issue, led by individual state societies as was done in Virginia.

The Communications Secretariat suggests the state societies could identify their states' driving and vision guidelines and compile that data (if any) on their websites for member

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reference. This should include current reporting requirements, as well as a point of contact for problems and questions.

The Communications Secretariat recommends that the Academy should consider developing very general patient/public information on safe driving. This information would be developed as a patient education handout (as part of the Downloadable Handout Collection), as well as a section on the EyeSmart public website.

The State Affairs Secretariat discussed this CAR at its retreat in July. We agree with the Communications Secretariat that this is a state specific issue since driving regulations vary from state to state. We also agree that the Board of Trustees for the Academy could produce a generalized statement regarding vision and driving safety. Moreover, the State Affairs Secretariat will encourage state societies to develop their own state specific guidelines. This process could be used as a white hat issue in cooperation with state optometry societies. Currently the State Affairs Secretariat resources are targeted towards the Surgery by Surgeons state initiative which limits our involvement in implementing a nationwide effort.



Status Report for Council Advisory Recommendation:

19-05: Title: Transition of Care for Pediatric Patients

Report From: Timothy W. Olsen, MD – Secretary for Quality of Care

Analysis: This CAR asks the AAO to develop guidelines specific to the transition of pediatric ophthalmology patients, especially those with chronic conditions, to adult providers.

Rating: 3 = **Will implement by forming a workgroup involving pediatric ophthalmologists and other subspecialists to edit the currently published guidelines for transition of care and create a website to house the revised guidelines for pediatric ophthalmology patients. We will also create a communications plan to ensure that interested persons are informed of the new guidelines.**

Report: The currently published guidelines by the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians and published in Pediatrics: 2011; 128:182 are summarized below. These guidelines stress the importance of six core elements of health care transition:

1. **Transition policy:** based upon 3 elements:
 - a. Policy statement: Input from the practice that outlines their specific policy for transition of care
 - b. Education of the family, pediatric providers, and the adult care team about the process
 - c. Post this policy so that young families understand and begin to have discussions at ages 12-14 years of age
2. **Transition tracking and monitoring:**
 - a. Enter data into a registry during childhood
 - b. Track the progress of the 6 core elements
 - c. Bring the process into the EMR when possible
3. **Transition readiness:**
 - a. Conduct transition readiness assessments beginning at age 14 for goals in self-care
 - b. Jointly (provider and parent) develop goals and document care plan
4. **Transition planning:**
 - a. Identify specific date for transition to an adult provider
 - b. Transfer care when medically stable
 - c. Provide a medical summary from the pediatric to adult provider
 - d. Send a summary letter (from pediatric provider) and send a confirmation of receipt (adult provider) with the necessary release of records patient consent confirmed
 - e. Conduct a self-care assessment for the patient
 - f. Provide linkages to insurance resources and community resources as indicated
5. **Transfer to Adult Approach to Care:**
 - a. Confirm first appointment date
 - b. Clarify adult approach to care
 - c. Identify preferred methods of communication (ie. web-based portal)
 - d. Review the healthcare priorities of the patient
 - e. Review emergency plans and contacts
 - f. Update medical summary
6. **Transfer completion and on-going summary:**
 - a. Pediatric provider: Contact adult provider to ensure care within 3-6 months after transfer
 - b. Elicit feedback from the young patient for transition to adult care
 - c. Partner with other adult providers

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Status Report for Council Advisory Recommendation:

19-06: Title: Cybersecurity CME as an AAO Member Benefit

Report From: Christopher J. Rapuano, MD – Senior Secretary for Clinical Education

Analysis:

The Academy agrees that cybersecurity threats are a significant concern for our members. Cyberattacks, ranging from data breaches to ransomware attacks, can adversely affect our ability as physicians to deliver the necessary care to protect the sight and empower the lives of our patients.

As mentioned in this Council Advisory Recommendation (CAR), the Academy has provided cybersecurity education in formats ranging from live lectures, print media in *EyeNet Magazine*, and online content such as webinars, video captures of courses, and reports through the American Academy of Ophthalmic Executives (AAOE) practice management portal. Likewise, the CAR proposes an option for members to receive CME credit for participation in cybersecurity education.

Based on a review of this CAR, that Academy is open to develop and pilot education resources in the area of cybersecurity to include content eligible for CME as a member benefit.

Rating: 1 = Currently being addressed by the following AAO activities:

Report:

A meeting was held on May 28, 2019 with Academy leadership (Dr. Rapuano), Councilors (Drs. Bovellet and Snyder), and staff (Dale Fajardo and Daniel Mummert) regarding this initiative. The group agreed to develop an hour-long webinar with CME credit on this subject as a member benefit. Content is being developed and the webinar is scheduled for August 15, 2019. Dr. Bovellet has provided slides and related paperwork to aid in the development of the program. Additional meetings are planned to discuss progress. Promotions to membership have been sent and further notices are planned leading up to the session date.

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Status Report for Council Advisory Recommendation:

19-08: Title: Analysis of Private Equity Acquisitions and the Commoditization of Ophthalmology

Report From: Robert E. Wiggins, MD, MHA – Senior Secretary for Ophthalmic Practice

Analysis:

This CAR raises concerns about the disruptive impacts of acquisition of ophthalmology practices by private equity (PE) firms that “threaten the future and honor of our profession, the mission of the Academy, and patient safety”. It asks the Academy to review the available literature on PE acquisition of medical practices and study the impact on a range of topics including the impact on young ophthalmologists, utilization and billing practices, impact on non-MD providers, and funding for advocacy. It also asks the Academy to consider seeking opinions from the Federal Trade Commission as whether PE consolidation of practices “poses a restraint of trade in small communities”, whether state corporate practice of medicine laws are being violated, and whether legislation can be “designed, modified, and passed to protect our profession.” A request is also made to evaluate the role of conflict of interest in speaker panels and content of Academy meetings.

Rating: 1 = Currently being addressed by the following AAO activities...

Report:

The BOT shares the concerns raised in this CAR about the impact of PE acquisitions on ophthalmology practice. The board has been reviewing this trend over the past several years as well as the trend for consolidation within healthcare in general which has been accelerating across medicine within the past decade. Private equity is one component of this trend. Independent practice is shrinking across medicine, as many of our colleagues in other specialties are now employed by large health systems. In fact, 2016 was the first year in which a minority of physicians worked in independent physician owned practices. Consolidation is now accelerating in our specialty in the form of private equity.

The BOT has discussed the issues raised in this CAR on several occasions and the potential impacts on physician practice, patient care, the AAO itself, state society membership, and advocacy activities. We recognize the need to look at new approaches to assisting and engaging our members. The Academy plans to encourage our members to update practice affiliation/ownership information so that we may improve our database to study the above issues and will continue to survey members regarding PE affiliation in its member surveys.

The AAO does not take a position in general for or against PE acquisition of ophthalmology practices. We saw a related model with the physician practice management companies (PPMCs) in the 1990s and it failed. Is it different this time? It is too early to tell. Members will have to make decisions about what is best for their own practices or themselves as they decide whether this model is right for them, and this is where we see the Academy’s role.

What the AAO has taken a position on is that ongoing education is paramount in helping ophthalmologists understand the wide-ranging issues involved, the potential up and downsides, and the extensive due diligence required in considering the private equity

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business model. The AAO has scheduled multiple sessions this year both at the MYF and at the annual meeting with panel discussions and presentations within the main educational sessions as well as in the Learning Lounge and Academy Café, in addition to past sessions and publications. We insist on full transparency as we do with all our speakers on financial conflicts and have even asked those in the audience asking questions or making comments to state their own affiliations.

Regarding some of the other suggestions raised in this CAR and ongoing efforts of the Academy, an extensive review of the literature on PE has been done and is ongoing. The AAO is not only interested in measuring the impact of PE on the areas listed but anticipating those impacts and developing responses as done with full board input at a recent strategic planning session. The AAO addressed the impact of PE on YOs in a session at this year's MYF, where a panelist discussed the actual experiences of YOs with PE. Although we do not advocate an Academy-sponsored study of the IRIS registry to audit our members' practice patterns, there exists an IRIS research committee which evaluates research proposals by members of the AAO. Any proposal which has the potential to educate our members or improve patient care is welcome for submission and evaluation. Corporate practice of medicine laws vary by state. These are regulations or case law that prohibit non-licensed individuals from practicing medicine. The AAO is here to educate and inform our members about the corporate practice of medicine issue and need for any member contemplating a PE transaction to get expert legal opinion. Likewise, members need to be educated to carefully consider and negotiate restrictive covenant clauses in conjunction with their attorneys. The AAO advocacy division will monitor developments in this area and prioritize action based upon the impact on the membership.

In summary, external market forces are driving consolidation throughout healthcare. The AAO is fully engaged on this issue and has made it a priority to anticipate and educate our members about the potential consequences of sales to PE firms for themselves, their staffs, their patients, and the profession while promoting high value, ethical care for our patients. PE firms that do not deliver on economic opportunities for physicians, relief from administrative burdens, a focus on value for patients, and a positive work culture are going to have a difficult time recruiting new physicians at a time where ophthalmologists are in short supply.



Status Report for Council Advisory Recommendation:

19-10: **Title:** State Membership for AAO Leaders and Advocacy Ambassadors

Report From: Kurt F. Heitman, MD – Secretary for State Affairs

Analysis:

This CAR asked that the Academy support state societies' membership development efforts on two fronts:

Academy leaders:

Require that those serving as Academy leaders maintain state society membership as a condition of appointment, and/or promote and encourage Academy leaders to join their state societies.

Advocacy Ambassadors:

Impress upon current Ambassadors the importance of state society membership.

Rating: 3 = Implemented by December 2019

Report:

As indicated in the CAR background statement, the Academy recognizes the value of active involvement in state ophthalmology societies as these organizations support the Academy's efforts to protect sight and empower lives. The Academy will continue to encourage state society membership among its members and leaders but will not mandate state society membership as a condition of appointment to a leadership role. The Academy's Secretariat for State Affairs supports the CAR request that an annual correspondence be sent to Academy committee members and other leaders who are non-members of state societies, emphasizing the importance of state society membership and encouraging those Academy leaders to join their state societies.

The Academy's Ophthalmic Society Relations (OSR) department conducts an annual review of state society membership, collecting current member lists from each state ophthalmology information and updating the Academy's records, so that the Academy can recognize state society members with a ribbon at the Academy's annual meeting, and to facilitate communication with state ophthalmology society members. Following the annual update, currently scheduled to conclude in September 2019, OSR staff will generate a list of Academy U.S. leaders who are not state society members and send each a letter over the signatures of the Academy president, senior secretary for advocacy and secretary for state affairs encouraging the Academy leader to join their state ophthalmology society (draft letter attached). This communication to Academy leaders would be distributed annually in conjunction with the review of state society membership.

Messaging regarding the importance of state society membership and involvement are delivered by presenters at each Advocacy Ambassador event held during Mid-Year Forum (i.e., Wednesday evening briefing/reception for Ambassadors; L.E.A.P. Forward session on Thursday; Capitol Hill Wrap Up session on Friday). Additionally, direct and indirect messages are shared with Advocacy Ambassadors both during and following Mid-Year Forum highlighting the importance of participating in state societies via advocacy.

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During its July 2019 meeting, the Secretariat for State Affairs discussed how they, in concert with the YO Committee and YO Advocacy Subcommittee, could develop further outreach to former Ambassadors who are non-members of state societies, including utilizing/highlighting current/former Ambassadors who have been active. Articles highlighting current/former Ambassadors engaged in state societies will be included in the Academy's electronic newsletter *YO Info* as well in the print publication, *YO Info Resident Edition*, which is shared with training programs for residents just beginning their training. This would include highlighting specific state societies who have been successful in engaging past Advocacy Ambassadors such as the Florida Society which currently has 3 past Ambassadors on its Board. The Secretariat also plans to complement the *Potential Member Reports* sent bi-monthly to state societies by the Ophthalmic Society Relations (OSR) department. OSR will begin sending letters from Academy leadership to each Advocacy Ambassador who has moved into a new state to again thank him/her for participation as an Advocacy Ambassador, welcome him/her to the new state, encourage continued advocacy and membership in the state society and provide contact information for that state society. The Secretariat and YO Committee also will consider developing a communication vehicle(s) for Advocacy Ambassadors such as a closed Facebook page or newsletter highlighting 'where they are now.' The Secretariat also will consider incorporating past Advocacy Ambassadors as mentors in the Advocacy Ambassador Mentor Program as another avenue to keep them engaged.



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ATTACHMENT: CAR 19-10 Status Report
(Proposed annual letter to U.S. Academy committee members
who are not state ophthalmology society members)

September, 2019

NAME
ADDRESS1
ADDRESS2
CITY, ST ZIP

Dear Dr. LAST:

The Academy sincerely appreciates your contribution to our patients and our profession through the time and energy you dedicate as an Academy committee member. We are proud to have over 870 expert volunteers serving on over 130 committees that are fulfilling the Academy's mission under the direction of its Board of Trustees and Committee of Secretaries.

The Academy's Secretariat for State Affairs is dedicated to supporting the further development of state ophthalmology societies. The Academy's strong support of state societies is evidenced in the long list of Academy Programs for State Ophthalmology Societies (enclosed).

The voice of each state ophthalmology society is stronger and more effective at protecting quality eye care if a high percentage of practicing ophthalmologists in the state are members. Membership and involvement in state ophthalmology societies offers ophthalmologists the opportunity to network, obtain clinical and practice management education, and participate in that state's legislative process, which can greatly impact our patients and our practices.

Academy records indicate that you are not currently a member of your state ophthalmology society. If this is incorrect, please notify Academy staff at society_relations@aao.org, and this information will be verified with the society and updated in our records. However, **if you are not a state society member, we urge you to join your state ophthalmology society.** Please refer to the enclosed document for contact information for all state ophthalmology societies with which the Academy's state affairs volunteer physician leaders and staff collaborate on a daily basis.

Again, thank you for your service to the Academy, our patients and our profession.

Sincerely,

George A. Williams, MD
President

Daniel J. Briceland, MD
Senior Secretary for Advocacy

Kurt F. Heitman, MD
Secretary for State Affairs