



Spring Council Meeting Council Advisory Recommendation (CAR) Hearing Report April 21, 2018

18-01: Improving Accuracy of Classification Categories for Board Certification

SUBMITTED BY: Virginia Society of Eye Physicians and Surgeons

PROBLEM STATEMENT: The current classification system by the ABO for Board Certification does not accurately reflect the accomplishments of the candidate. The flaws in this system have a negative impact on ophthalmologists' ability to care for patients.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? NO CONSENSUS

Yes	44.07%
No	52.54%
Abstain	3.39%

REFER TO BOT: YES

Yes	89.39%
No	9.09%
Abstain	1.52%

PRIORITY: HIGH

Low	5.63%
Medium	18.31%
High	76.06%
Abstain	0%

Comments from the CAR Hearing:

-Some states don't make MOC a requirement any longer. This is of concern when we go to scope battles. We can't have a long list of ophthalmologists that are not ABO certified. Changes with MOC need to be made to better reflect the value of the original exam and then clarify the status 10 years after the exam. MOC status would include: Active, In Process or Expired.

BOT Referred to:

Louis B. Cantor, MD – Senior Secretary for Clinical Education
Status Report – due for June 2018 Board of Trustees meeting

18-02: Patient Advocacy via the AAO

SUBMITTED BY: Oregon Academy of Ophthalmology

PROBLEM STATEMENT: The Academy's mission involves advocacy for patients. However, to our knowledge, the Academy does not have an entity (point person or body) whose designated role is patient advocacy.

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

Yes	98.11%
No	1.89%
Abstain	0%

REFER TO BOT: YES

Yes	50.88%
No	47.37%
Abstain	1.75%

PRIORITY: MEDIUM

Low	38.98%
Medium	54.24%
High	6.78%
Abstain	0%

Comments from the CAR Hearing:

-This could be confusing. The Academy is unified in advocating for patients. With a separate entity, it makes it look like we don't already advocate for patients. Leave it up to the board.

BOT Referred to:

Daniel Briceland, MD – Senior Secretary for Advocacy and Michael X. Repka, MD, MBA – AAO Medical Director for Governmental Affairs

Status Report – due for June 2018 Board of Trustees meeting

18-03: Resident/Fellow Involvement in CAR Submissions

SUBMITTED BY: Michigan Society of Eye Physicians and Surgeons

PROBLEM STATEMENT: In the current climate of wide ranging U.S. health care reform and optometric scope expansion, it is critical that the Academy promote greater involvement by members-in-training (MIT) in life-long membership, advocacy and financial support of PACs. To that end, the Advocacy Ambassador Program (AAP) can be expanded to offer an opportunity for ambassadors to engage in council proceedings and specifically, Council Advisory Recommendations (CARs).

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

Yes	85.29%
No	13.24%
Abstain	1.47%

REFER TO BOT: NO

Yes	32.84%
No	65.67%
Abstain	1.49%

PRIORITY: LOW

Low	63.24%
Medium	33.82%
High	2.94%
Abstain	0%

Comments from the CAR Hearing:

- The AMA already does this. Resolutions received through residents are not vetted through other organizations so there are too many, and it becomes cumbersome and burdensome. I support MITs going through their state society. Also, be aware of the submitter's possible other intents, such as getting recognition, enhancing their resume, etc.
- Suggest opening two seats for MITs on State Societies' Boards.
- Support the concept. It's an empowering mechanism.
- It's a missing component of the Advocacy Ambassador Program. Most of them don't know much about the Council or the CARs.
- What the MITs lack is the history of the CARs. If we do allow this, there needs to be a historian involved, and only new CARs should be allowed.
- MITs don't need to be authors to be empowered. Agree also that the resolution put forward is not always in line with the goals or mission of an organization.

BOT Referred to:

Not referred to the BOT.

18-04: State Government Affairs Funding

SUBMITTED BY: Connecticut Society of Eye Physicians

PROBLEM STATEMENT:

In 2017, ophthalmologists in numerous states battled scope issues most notably in Florida, North Carolina and Alaska. The battles were fought by individuals and state societies supported by and coordinated with the AAO. The AAO supported the states by way of the Academy's State Government Affairs office (SGA), Secretariat for State Affairs (SSA) and AAO leadership. The campaigns included physician testimony, and presence on social media, newspaper and television. Both strategic and operational guidance was accomplished through the co-leadership with states and the SGA with numerous communications, media development and coordinating in-person AAO leadership testimony in some cases. These occurred with an intense investment of time and money on the part of states and the AAO.

Given outcomes like those seen in Alaska in 2017, we will likely face an increasing number of battles in the years to come. Current funding for SGA is limiting the impact of SGA for those states that are in need of their expertise. This was foreshadowed in 2016 by a CAR submitted by Connecticut and Florida to increase funding for SGA. To date, this 2016 CAR has not resulted in an increase in funding, personnel or resources for the SGA. We are concerned with inadequate funding for the SGA and ask that there be a renewed effort to increase the money and resources of the SGA.

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

Yes	83.33%
No	15.28%
Abstain	1.39%

REFER TO BOT: NO

Yes	42.03%
No	57.97%
Abstain	0%

PRIORITY: LOW

Low	37.68%
Medium	31.88%
High	27.54%
Abstain	2.90%

Comments from the CAR Hearing:

-No Comments

BOT Referred to:

Not referred to the BOT.

18-05: The Gatekeeper Role of Ophthalmology

SUBMITTED BY: Indiana Academy of Ophthalmology

PROBLEM STATEMENT: In coming years, the eye health gatekeeper role will become increasingly important. Comprehensive ophthalmology has served as America's eye health gatekeeper, but recent legislation & current demographic trends threaten that position. Indeed, optometric scope of practice legislation in states such as Kentucky, Oklahoma & Alaska can lead eye surgery without patients ever seeing an ophthalmologist. The number of Americans age 65 and older is projected to more than double from 46 million today to over 98 million by 2060, and the 65-and-older age group's share of the total population will rise to nearly 24 percent from 15 percent. A number will develop glaucoma, age-related macular degeneration, and cataracts. Additionally, the rising prevalence of diabetes increases the need for diabetic eyecare. With approximately 44,000 optometrists in America compared to 24,000 ophthalmologists, many of whom subspecialize, it will become increasingly difficult for comprehensive ophthalmology to meet the demand. Whether ophthalmology or optometry becomes America's eye health gatekeeper will figure prominently in determining appropriate patient care and referral patterns. Additionally, if optometry controls more patient lives, they will also gain public support & credibility in state legislatures for future scope battles.

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

Yes	89.33%
No	10.67%
Abstain	0%

REFER TO BOT: NO

Yes	44.59%
No	54.05%
Abstain	1.35%

PRIORITY: LOW

Low	41.33%
Medium	37.33%
High	20%
Abstain	1.33%

Comments from the CAR Hearing:

-Training technicians is an excellent idea, but I don't think we can expect that practices will actually send them to the annual meeting for training. Maybe we could support regional/state meetings.

-IJCAHPO continues its partnership with the Academy and provides training, education and certification for ophthalmic technicians. Plenty of information online now as well.

BOT Referred to:

Not referred to the BOT.

18-06: Federal Designation of Convergence Insufficiency as a “Visual Impairment”

SUBMITTED BY: American Association for Pediatric Ophthalmology and Strabismus

PROBLEM STATEMENT: The United States Department of Education (USDE), Office of Special Education Programs (OSEP) has directed state and local school systems that “any impairment in vision, including convergence insufficiency, regardless of severity, is covered by the Individuals with Disabilities Education Act (IDEA) definition of a Visual Impairment, provided that such impairment, even with correction, adversely affects a child’s educational performance.” Convergence insufficiency is one of several binocular vision disorders that are responsive to treatment and thus do not permanently adversely affect visual functioning. To avoid misappropriation of resources for visually impaired children to children with convergence insufficiency, and to aid the local school vision teachers, this CAR requests that the AAO Federal Affairs office address this issue with OSEP and attempt to have the designation of convergence insufficiency as a visual impairment reversed.

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

Yes	91.67%
No	8.33%
Abstain	0%

REFER TO BOT: YES

Yes	94.59%
No	4.05%
Abstain	1.35%

PRIORITY: HIGH

Low	4%
Medium	16%
High	80%
Abstain	0%

Comments from the CAR Hearing:

- If the program expands to those not significantly visually impaired, it will dilute the funding to children who are blind or severely impaired.
- The Secretary of State Affairs confirmed that this needs attention at the state level as well, and they will work in cooperation with Federal Affairs.

BOT Referred to:

Michael X. Repka, MD, MBA – Medical Director for Governmental Affairs
Status Report – due for June 2018 Board of Trustees meeting

18-07: Protecting Technician Performance of Routine Tasks Problem

SUBMITTED BY: International Joint Commission on Allied Health Personnel in Ophthalmology

PROBLEM STATEMENT:

The need for ophthalmologists to see more patients has increased the importance of efficiency and the ability to delegate tasks, or the shifting of essential tasks that are not required to be performed by ophthalmologists to certified Allied Ophthalmic Personnel (AOP) or technicians who are highly qualified and have the skills to perform them. Over the last decade, sporadic efforts throughout the United States on the part of various individuals and organizations have actively pursued implementing regulatory or statutory limitations on the important duties that the ophthalmologist can delegate to and be routinely performed by AOP in Ophthalmology offices.

These include:

- Administration of eye drops to patients in ophthalmic examinations (New York, Connecticut)
- Routine refractometry (California)
- Surgical assisting (Texas, Arkansas, Colorado, Idaho, Illinois, Indiana, Kentucky, Michigan, Nebraska, Nevada, New York, New Jersey, North Carolina, South Carolina, Tennessee, Virginia, Washington)

Another barrier to full utilization of certified AOP are the restrictions placed on ophthalmology departments from compliance officers at some large institutions and offices who have told ophthalmologists that some tasks (visual acuity, IOP, refraction) performed by certified AOP cannot be billed at higher E/M code levels unless they are repeated by the physician. The use of Eye Codes can be an alternative, but even that is unacceptable to some over-cautious compliance officers, while they have allowed coding/billing of similar tasks by medical technicians (for example, blood pressure and pulse measurements).

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

Yes	98.53%
No	0%
Abstain	1.47%

REFER TO BOT: YES

Yes	71.62%
No	28.38%
Abstain	0%

PRIORITY: MEDIUM

Low	18.18%
Medium	50%
High	31.82%
Abstain	0%

Comments from the CAR Hearing:

-None

BOT Referred to:

Robert Wiggins, MD, MHA – Senior Secretary for Ophthalmic Practice; Kurt Heitman, MD – Secretary for State Affairs

Status Report – due for June 2018 Board of Trustees meeting

18-08: AAO Policy on Sexual Harassment

SUBMITTED BY: Women in Ophthalmology

PROBLEM STATEMENT: Sexual harassment is not specifically addressed in the current American Academy of Ophthalmology code of ethics, in spite of a growing awareness of its prevalence and impact in our profession and among our trainees. Better defined mechanisms are needed to educate Academy members regarding prevention of sexual harassment and to enforce a zero-tolerance policy.

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

Yes	88.46%
No	10.26%
Abstain	1.28%

REFER TO BOT: YES

Yes	69.44%
No	27.78%
Abstain	2.78%

PRIORITY: HIGH

Low	16.22%
Medium	14.86%
High	67.57%
Abstain	1.35%

Comments from the CAR Hearing:

-AUPO adds support for this CAR. Deeply concerned about the negative impact sexual harassment can have on trainees. Agree with zero-tolerance policy.

-Applaud CAR. Emphasize that an ethics committee does not have the resources, expertise or power to take on the role. However, the Academy does have within its bylaws the issue of termination of membership based on issues with state boards, etc., so those that are truly shown to be guilty of sexual harassment by other organizations would be subject to termination of membership.

-With the increase of women in the field of ophthalmology, it behooves us to implement a policy.

BOT Referred to:

Lynn K. Gordon, MD, PhD – Council Chair

Status Report – due for June 2018 Board of Trustees meeting

18-09: Combining Invoices of AAO National and State Society Dues with Advocacy Donations

SUBMITTED BY: Kansas Society of Eye Physicians and Surgeons

PROBLEM STATEMENT:

The Academy and State Ophthalmology Societies have combined mailings but create separate invoice sections for professional dues and advocacy donations. This is confusing and inhibits full funding. We need to intentionally combine the dues and donation invoices to enhance funding and support Academy initiatives.

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

Yes	89.19%
No	10.81%
Abstain	0%

REFER TO BOT: NO

Yes	46.88%
No	53.12%
Abstain	0%

PRIORITY: LOW

Low	53.03%
Medium	28.79%
High	18.18%
Abstain	0%

Comments from the CAR Hearing:

-None

BOT Referred to:

Not referred to the BOT.