

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

Mid-Year Forum 2018

In late April, more than 500 Academy members gathered in Washington, D.C., to discuss some of ophthalmology's most critical issues with regulators, legislators, and Academy leaders.

EyeNet summarizes 3 key Mid-Year Forum 2018 sessions below.

Private Equity and Other Equity Transfers: What's My Practice Worth?

Recent publicity has highlighted the purchase of ophthalmology practices by private equity firms. Understanding how practices are valued is important for any ophthalmologist with ownership in a practice as well as associates considering purchasing an equity position within the practice. This session explored what issues should be considered, whether selling a practice to a hospital, private equity firm, or an ophthalmology or a multispecialty group; merging with other doctors; or buying in or out of a practice. It was moderated by Robert E. Wiggins, Jr., MD, MHA, Senior Secretary for Ophthalmic Practice, and Ruth D. Williams, MD, *EyeNet's* Chief Medical Editor.

Drinking From a Firehose: How Not to Drown in the Era of Information Overload. Information overload challenges practitioners at all levels of training and throughout our entire



LEADERSHIP DEVELOPMENT PROGRAM. Academy 2018 Visionary Award recipient Rep. Erik Paulsen (R-Minn.) with his constituent from Minnetonka Jill Melicher Larson, MD, who is in the Academy's Leadership Development Program (LDP) XX, class of 2018. LDP participants were special guests at the Mid-Year Forum.

careers. Maintaining and acquiring new clinical skills and knowledge, advocating for the best care for our patients, navigating reimbursement and changes in practice management, and many other facets of being a physician confront all of us daily. At this session, attendees learned best practices, tips, and tricks on how to keep their heads above water. It was moderated by Louis B. Cantor, MD, Senior Secretary for Clinical Education.

The Future of Artificial Intelligence in Ophthalmology. The next transformation in ophthalmology is the application of artificial intelligence in diagnosing and treating disease in clinical practice. It is beginning to be used in retinal disease for detecting diabetic retinopathy and diabetic macular edema from fundus photographs, and it has potential to provide more efficient and objective analysis of images and

prediction of disease progression. This session explored what artificial intelligence means for practicing ophthalmologists, its promise and limitations, and what the future holds. It was moderated by Rahul Khurana, MD, Editor in Chief, The ONE Network.

To view the full Mid-Year Forum Report, visit aao.org/myf.

TAKE NOTICE

Opt In to the Academy's Conversations Newsletter

Conversations, a weekly Academy email newsletter, highlights topics that Academy members are discussing on social media and on aao.org. Find out what your colleagues are saying about the latest key issues affecting ophthalmology. Join the conversation.

To sign up for the newsletter, visit aao.org/conversations.



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2018-2019 BCSC: Important Updates

The 2018-2019 edition of the *Basic and Clinical Science Course (BCSC)* is available for advance order and will ship by mid-June (eBooks also are available starting mid-June).

The BCSC is a comprehensive reference used by ophthalmologists and residents worldwide. The new edition includes major revisions to the following sections:

- Clinical Optics
- Pediatric Ophthalmology and Strabismus
- Retina and Vitreous

Choose from the print or eBook format. Purchase an individual section, or save when you purchase a complete set of all 13 sections.

For pricing and more information, visit aao.org/bcsc.

New! BCSC Self-Assessment Program

The Academy has launched a new tool for residents and practicing ophthalmologists: the *Basic and Clinical Science Course (BCSC) Self-Assessment Program*.

The BCSC is the Academy's definitive compilation of scientific research and clinical experience and is continually updated by a faculty of more than 90 experts. This new self-assessment program includes 1,000+ questions to help identify knowledge gaps, and each answer provides a thorough discussion, excerpts from the BCSC, and complete references. This activity has been approved for *AMA PRA Category 1 Credit*.

For more information and to purchase, visit aao.org/bcsc.

Be a Foundation Champion

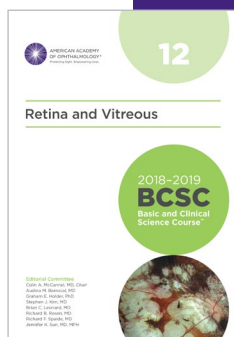
The Academy Foundation supports important programs that benefit our members and patients. From the vast wealth of clinical knowledge on the ONE Network to IRIS Registry data from nearly 200 million patient visits, the Academy continues to grow and evolve these resources and more,

D.C. REPORT

Salary Change for VA's Ophthalmic Technicians

As a result of the Academy's decade-long advocacy, the U.S. Department of Veterans Affairs (VA) will raise ophthalmic technicians' salary to a higher pay classification. Technicians will also receive pay adjustments based on the market in which they are employed.

The Academy lobbied for this change because it is critical for the VA to recruit and retain qualified, experienced ophthalmic technicians in order to increase physician productivity and serve more VA patients—studies show that ophthalmologists' productivity improves by 30% when supported by an ophthalmic technician. Productivity and efficiency are especially important today because demand for eye care is growing; recently there has been an average 3.4% increase in patient visits every year. To address this need, the Academy helped advance the salary increase legislation in Congress. It's notable that this change will further reinforce the viability of ophthalmic technician as a career path within the VA.



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refer 13 medically underserved seniors for sight-saving care through EyeCare America.

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Ask the Ethicist: Warning Patients About Effects of Dilating Drops

The Ethics Committee response, below, is based on the Ophthalmic Mutual Insurance Company (OMIC) article "Warning Patients About Side Effects of Dilating Drops," by Anne Menke, RN, PhD, OMIC Risk Management.¹

Q: A patient of mine was killed in a car accident. The other driver's eyes had been dilated. What are the ophthalmologist's responsibilities regarding informing patients about the effects and risks of pupil dilation?

A: Informed consent is based on what a "reasonable layperson" would want to know prior to undergoing a procedure, such as pupil dilation. Ophthalmologists can make patients

aware of potential side effects, such as blurry vision for the following 4 to 8 hours. Dilating drops may induce photophobia, lack of accommodation, glare, and decreased contrast threshold and high-contrast visual acuity. These visual changes can be a problem, particularly for those patients whose vision and mobility may already be compromised. Dilating drops can—although this is rare—provoke allergic reactions, angle-closure attacks, and systemic reactions such as increased blood pressure, arrhythmias, tachycardia, and dizziness—a reasonable person might want to be informed of these possible side effects.

Q: Is it necessary to have the patient sign a consent form if a procedure will include dilation?

A: No, but you should consider fully documenting your discussion with the patient, and you may want to consider asking first-time patients whose eyes will be dilated to sign a form acknowledging that they have been apprised of the risks. OMIC has a sample dilation consent form available at www.omic.com.

Q: What is my office's responsibility before the appointment to apprise the patient of these risks?

A: It is helpful to advise new patients as they are making their appointment

that their eyes will be dilated so that they can prepare. Patients can be told that they will need to wear sunglasses and avoid driving and operating machinery until their pupil dilation wears off.

Q: *What needs to happen during the exam?*

A: Involve the patient in the decision-making process, and discuss potential side effects with the patient. Consider making notes about the discussion, the offer of sunglasses (or the reminder to wear them), and any warning, especially the possible impact on driving.

Q: *Should I refuse to dilate if a patient insists on driving?*

A: If a patient insists on driving after dilation, consider the patient's visual acuity and driving ability, the driving conditions, and how urgently you need to diagnose and/or treat the presenting condition. As you know, the patient may be at more risk from a delayed diagnosis.

Q: *What is my office's responsibility to patients who are experienced with dilation?*

A: It may be helpful to place a sign in your practice's waiting room reminding patients whose eyes are dilated not to drive, to wear sunglasses, and to let the staff know whether they need assistance walking while their eyes are dilated. Disposable sunglasses can be given to the patient in the exam room. Some practices place a bowl of sunglasses at the check out desk with a sign.

To submit a question to the Ethics Committee, email ethics@aao.org.

1 www.omic.com/warn-patients-about-side-effects-of-dilating-drops/.

Recruit on the No. 1 Job Site for Ophthalmology

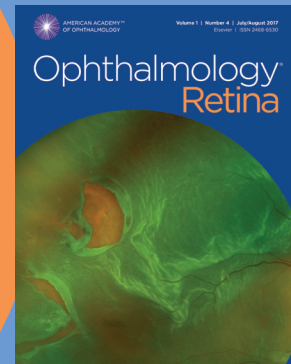
A talented and qualified staff is a practice's greatest asset. Find the right match through the Academy's Ophthalmology Job Center—the No. 1 recruiting site for ophthalmology. It has 10 times more listings for ophthalmologists than its closest competitor and more than 10,000 visitors per month.

To advertise open positions or post your CV, visit aao.org/jobcenter.



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The Academy's newest scientific publication, ***Ophthalmology® Retina***, focuses on advances in medical drug treatment, surgery and technology for retina-related diseases and conditions.

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