

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### ■ EyeCare America Turns 30

It has been 30 years since the Foundation of the American Academy of Ophthalmology began recruiting volunteers for EyeCare America (ECA). Founded in 1985 by **B. Thomas Hutchinson, MD**, and a group of ophthalmologists committed to preserving sight, the organization grew over the years and now has more than 6,000 dedicated volunteers across the country. These ophthalmologists provide eye exams and up to one year of care at no out-of-pocket cost to qualified patients. ECA also raises awareness about eye disease, distributes valuable, free sight-saving information, and provides eye care access to medically underserved communities. As the largest public service program in American medicine, ECA has helped more than 1.8 million people, with approximately 90 percent of the care provided at no out-of-pocket cost to patients.

ECA has been highlighted in *The New York Times*, *Parade*, *Newsweek*, *Dear Abby*, and more, and has been supported by celebrities including Gene Kelly, Betty White, Oscar De La Hoya, Harry Belafonte, and John Forsythe. It has also been recognized by every U.S. president since Ronald Reagan, who referred to it as “volunteerism at its finest.”

Nearly half of today’s participants are the original volunteers from 30 years ago. Many of them, however, have begun to retire, presenting the opportunity for young ophthalmologists to volunteer in order to grow this vital service through its next 30 years. “ECA is a great way for a young ophthalmologist to become invested in his or her new community. ECA does a great job of handling logistics—and making it easy to provide



**GIVE BACK IN YOUR HOME STATE.** John P. Berdahl, MD, an active ECA volunteer, in his office in Sioux Falls, S.D.

care to those who need it most,” said John P. Berdahl, MD, ECA volunteer and committee member.

*For more information or to volunteer, e-mail [pubserv@aao.org](mailto:pubserv@aao.org).*

## TAKE NOTICE

### ■ A New Look for the IRIS Registry

If you are using the IRIS Registry (Intelligent Research in Sight), you will find it even easier to put your data to work, thanks to a new user interface that was launched this month.

The IRIS Registry is a comprehensive, longitudinal clinical data registry of eye diseases and procedures. Once integrated with your electronic health records, it will help you to meet the requirements of regulatory programs—such as PQRS—and assess practice perfor-



mance. For example, you can use the new color-coded “dashboard” to see at a glance whether your practice ex-

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**MEDICARE PHYSICIAN FEE SCHEDULE:**  
The 2015 final rule.

ceeds (green), falls within the range of (yellow), or falls below (red) practice performance benchmarks. You can use this dashboard to review the performance of your practice as a whole (see screenshot on previous page) or to assess the performance of your individual practice locations or providers.

For more information, visit [www.aao.org/irisregistry](http://www.aao.org/irisregistry). For a quick overview of how the IRIS Registry can help you report PQRS, see page 53.

### ■ Seeking Outstanding Ophthalmologists

Would you like to nominate a colleague for the 2015 Outstanding Humanitarian Service Award? The Academy must receive your nomination by March 13. The award recognizes Academy fellows and members for outstanding contributions to humanitarian efforts, such as participation in charitable activities, care of the indigent, and community service.

To obtain a nomination form, call 866-561-8558 (toll-free) or 415-561-8581, fax 415-561-8575, e-mail [member\\_services@aao.org](mailto:member_services@aao.org), or visit [www.aao.org/awards](http://www.aao.org/awards) and select "Outstanding Humanitarian Award."

## MEETING MATTERS

### ■ 2014 Best Original Papers

Congratulations to the authors of the Best Original Papers at AAO 2014. The winning papers were selected by the panels in each of the paper sessions.

Visit [www.aao.org/best\\_papers](http://www.aao.org/best_papers).

### ■ AAO 2014 Archives

Visit the Meeting Archives to download course handout PDFs, find scientific posters, watch Videos on De-

mand, view syllabi from Subspecialty Day meetings, and more.

■ **ONE SPOTLIGHT: Visit the Redmond Center, your new resource for ethics in ophthalmology.** The Michael R. Redmond, MD, Professionalism and Ethics Education Center adds comprehensive resources and educational activities to the ONE Network. It builds on the Academy's existing ethics program and contains resources to create ethics educational activities and resolve ethical dilemmas. The Redmond Center is ideal for trainee education or as a starting point for national societies seeking to develop or supplement their own code of ethics.

Learn more at [www.aao.org/redmondcenter](http://www.aao.org/redmondcenter).



### ■ Nominate a Colleague for the Laureate Award

The Academy is accepting nominations through Jan. 30 for the 2015 Laureate Recognition Award. This award recognizes an outstanding ophthalmologist whose significant scientific contribution to the field has shaped modern ophthalmology.

To submit a nomination, visit [www.aao.org/awards](http://www.aao.org/awards), go to "Laureate Recognition," then select "Nominations."

### ■ International Blindness Prevention Award

Established in 1992, the International Blindness Prevention Award honors individuals who have made significant contributions to the prevention of blindness or restoration of sight. Nominate a colleague for the award before Jan. 30.

To submit a nomination, visit [www.aao.org/international/awards/blindness.cfm](http://www.aao.org/international/awards/blindness.cfm).

■ **MUSEUM OF VISION: Newest acquisition.** In November, the Museum of Vision acquired the Spencer E. Sherman, MD, Antique Ophthalmology Book Collection. The collection consists of more than 130 rare books and catalogs, representing some of the oldest and most important texts published in ophthalmology. Georg Bartisch's 1583 text, *Ophthalmodouleia: Das ist Augendienst*, is the first ophthalmic textbook written in German and contains many famous illustrations demonstrating 16th-century surgical technique; here, a patient is shown being prepped for surgery.



To view, visit [www.aao.org/aoa-archives](http://www.aao.org/aoa-archives).

## FOR THE RECORD

### ■ Nominations for the Academy Board

By Gregory L. Skuta, MD

As Academy Past President, it is my privilege to serve as chair of the Nominating Committee in 2015.

We are especially interested in identifying leaders in our profession who have experience in confronting the critical issues facing organized medicine and who reflect the strength and diversity of our members. The Academy's leaders should be knowledgeable, experienced, and prepared to

devote the time and energy required by a large organization in these challenging times. With these characteristics in mind, I ask you to assist the committee by suggesting appropriate candidates for the following positions in 2016:

- **President-Elect (to serve as president in 2017).** Because the president-

elect automatically becomes president the following year, it is crucial that nominees are individuals who have had leadership experience within the Academy. They also should have demonstrated leadership qualities in clinical practice, in their own ophthalmic communities, and in other medical or ophthalmological organizations.

- **Senior Secretary for Clinical Education (a renewable three-year term).** This senior secretary coordinates the programs and activities of the Academy's clinical education, quality of care, and knowledge base development groups. The position is currently held by Louis B. Cantor, MD, who is serving the third year of his first term.
- **Two Trustees-at-Large (four-year term).** These individuals should be Academy fellows who are especially attuned to the needs and expectations of our members. In addition to demonstrating strong leadership potential, they should be able to represent and articulate to the Academy board the needs and concerns of members.

- **One Public Trustee (a renewable three-year appointment; an advisor to and member of the Board of Trustees).** The bylaws allow the board to appoint up to three public trustees. We currently are served by two public trustees, Humphrey J.F. Taylor and Paul B. Ginsburg, PhD. Mr. Taylor is chairman of the Harris Poll and is serving the first year of his eighth term. Dr. Ginsburg is the Norman Topping Chair in Medicine and Public Policy at the University of Southern California and is serving the second year of his fourth term. Public trustees do not vote on Academy governance, the budget, or other programmatic issues. They do, however, provide insight on how ophthalmology can better work with the rest of medicine, the public, government, and industry. A public trustee should not be an ophthalmologist but should be someone who is familiar with and has a personal interest in current medical issues. The Nominating Committee will be pleased to receive suggestions for individuals, who may include physicians from other medical specialties or leaders in industry, gov-

## D.C. REPORT: Physician Fee Schedule Final Rule

**O**n Oct. 31, the Centers for Medicare & Medicaid Services (CMS) released its Medicare Physician Fee Schedule final rule for 2015, which goes into effect in January. Among several changes, perhaps the most dramatic was the decision to eliminate 10- and 90-day global surgical packages over the next few years. CMS will eliminate postoperative visits from the 10-day global codes beginning in 2017 and from the 90-day global codes in 2018; and, beginning in 2019, it will drop postop care from surgical codes.

The Academy will continue to provide clear details on the final rule in the year ahead.

**Final rulings on other issues** include the following decisions:

- Accept for 2015 the AMA Relative Value Update Committee–approved values for the surgical procedures surveyed by the Academy.
- Reduce Medicare payments to ophthalmologists to correct an error that CMS made five years ago in calculating revised malpractice relative value units. CMS is recalculating the rates for ophthalmology using updated malpractice premium data.
- Finalize a compromise to keep the value-based modifier penalty at 2 percent for solo practitioners and groups with fewer than 10 providers, but increase the penalty to 4 percent for group practices with 10 or more providers.
- Increase many PQRS requirements that need to be met to avoid penalty in 2015.

This is an abbreviated list of rulings. The Academy will continue to provide clear details on the final rule in the year ahead.

**For details concerning penalties and reporting options, visit [www.aaopt.org/advocacy/reimbursement/medicare/2015-fee-schedule.cfm](http://www.aaopt.org/advocacy/reimbursement/medicare/2015-fee-schedule.cfm).**

ernment, public policy, or advocacy.

- **One International Trustee-at-Large (three-year term).** This individual should be an Academy international fellow or member who practices exclusively outside the United States. He or she should have a strong affinity for the Academy and broad experience and understanding of his or her region. This individual should be able

to represent and articulate to the Academy board the perspective of international members.

Send your confidential suggestions by Jan. 30 to Gregory L. Skuta, MD, Nominating Committee Chair, AAO, P.O. Box 7424, San Francisco, CA 94120-7424. Suggestions can also be e-mailed to [nominate@aaopt.org](mailto:nominate@aaopt.org) or faxed to 415-561-8526.

## ACADEMY STORE

### ■ Patient Education: Boost Understanding, Retention

Research shows that patients forget between 40 and 80 percent of what you tell them. Increase comprehension and retention with the Academy's new brochures, handouts, and booklets. This comprehensive library of English and Spanish patient education materials helps reduce malpractice risk, saves time on chairside education, improves patient health outcomes, and increases patient compliance.

To purchase, visit [www.aaopt.org/store](http://www.aaopt.org/store).

### ■ 2015 Focal Points: Concise Clinical Guides

Each issue of *Focal Points* tackles a clinical challenge and provides a walk-through of diagnosis, treatment, and the latest standards of care. Subscribers to *Focal Points* Digital can view a new online issue every month and access the entire *Focal Points* archive of more than 120 topics. All issues are downloadable, printable, and searchable. Print subscribers get all the benefits of *Focal Points* Digital, plus 12 issues from January to December 2015, mailed quarterly in sets of three.

To subscribe, visit [www.aaopt.org/focalpoints](http://www.aaopt.org/focalpoints).