Academy Notebook

NEWS • TIPS • RESOURCES

AGS PRESIDENT'S AWARD RECIPIENTS. *The focus was on advocacy when Dr. Mattox (second from right) presented the AGS President's Awards to 4 Academy recipients—(left to right) Cherie McNett; Catherine Cohen; Rebecca Hyder, the Academy's Director of Congressional Affairs; and* ***Michael X. Repka, MD****—and Nancey McCann (far right), who is Director of Government Relations for the American Society of Cataract and Refractive Surgery.*

WHAT'S HAPPENING

Academy Recognized for Advocacy Efforts

For their work in scaling back Medicare payment cuts for retina and glaucoma procedures, Academy staff received the American Glaucoma Society (AGS) President's Award from **Cynthia Mattox, MD, FACS,** president of AGS, on March 3, at the President's Gala during the annual meeting of AGS. As a result of the Academy's aggressive, nearly year-long campaign that reversed a Centers for Medicare & Medicaid (CMS) final decision, ophthalmologists who bill for the targeted retina and glaucoma surgeries (retinal detachments and trabeculectomy) will see an annual $14 million increase in practice revenues. To achieve this victory, the Academy took a 3-pronged approach to influence CMS's decision.

Taking the evidence to CMS. Leadership from the Academy, AGS, and the American Society of Retina Surgeons flew in for high-level meetings with the CMS in late 2015. Several of those same individuals had also participated in the CMS refinement process in early March 2016. The Academy staff facilitated several hours of preparation, editing, and discussion to help its leaders get ready for both of those activities.

Getting Congress involved. The Academy also worked through congressional channels. "We were able to engage more than 100 members of Congress to weigh in with CMS in support of our regulatory efforts," said Catherine Cohen, the Academy's Vice President of Governmental Affairs.

Working with physician-advocates. "There was definitely an Academy member volunteer arm of this effort that was key to our success," said Cherie McNett, the Academy's Health Policy Director. "We got a great grassroots response from ophthalmologists writing letters to CMS on the proposed rule."

TAKE NOTICE

MIPS via the IRIS Registry: June 1 Deadline to Sign Up for EHR-Based Reporting

The IRIS Registry can streamline your reporting for the Merit-Based Incentive Payment System (MIPS) as long as you meet the deadlines.

What you can report for MIPS with the IRIS Registry: 1) quality measures, 2) improvement activities, and 3)—if you have an electronic health record (EHR) system—advancing care information (ACI) measures. (The quality and ACI performance categories replace the Physician Quality Reporting System and the meaningful use program, respectively; the improvement activities category is entirely new.)

Use the IRIS Registry to streamline MIPS reporting. There are 2 reporting platforms.

- Use IRIS Registry EHR integration for automated reporting of quality measures and for earning credit under the improvement activity and ACI performance categories.
- Use the IRIS Registry web portal for manual reporting of quality measures,

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improvement activities, and ACI measures.

Deadlines for getting started with IRIS Registry/EHR integration. If you haven't yet integrated your EHR, you must sign up by June 1, 2017, and complete the integration process by Aug. 1, 2017.

Deadlines for the IRIS Registry web portal. Sign up by Oct. 31, 2017, and enter all your reporting data into the portal by Jan. 15, 2018.

Deadline for your data release consent form. Each MIPS participant in your practice must submit a data release consent form to the IRIS Registry by Jan. 15, 2018. The IRIS Registry needs these consent forms before it can send MIPS information to the Centers for Medicare & Medicaid Services (CMS).

Start reporting this summer. Registries that are used for MIPS reporting are recertified annually. At time of press, CMS was expected to recertify 2017 registries in May 2017. After recertification, the IRIS Registry plans to open its MIPS reporting portal in the summer.

For more information on using the Academy's IRIS Registry for MIPS, go to aao.org/iris-registry/medicare-reporting.

New Guidelines: Acute Retinal Necrosis

Acute retinal necrosis (ARN) is an uncommon disease caused by human herpesviruses. Initiating timely intravenous or oral antiviral therapy is critical because of the high risk of retinal detachment (RD). The Academy's latest *Ophthalmic Technology Assessment (OTA), Diagnosis and Treatment of Acute Retinal Necrosis,* evaluates the peer-reviewed evidence on the diagnosis and treatment of ARN. The topics discussed include the use of polymerase chain reaction testing in diagnosis; systemic and local drug regimens, including acyclovir, valacyclovir, and foscarnet; and prophylactic laser or early pars plana vitrectomy. The full text is free to Academy members and *Ophthalmology* subscribers.

To read this and other *OTA*s, visit aao.org/ota.

Ask the Ethicist: Do I Need an IRB to Publish Research?

Q: *I performed more than 150 modified trabeculectomies over the past 3 years and compared my outcomes of 2 techniques. I presented this data at my state society meeting and then submitted my findings for publication. The abstract was rejected because I did not have institutional review board (IRB) approval. Why do I need an IRB approval for a retrospective review of my own charts?*

A: If you intend to publish the results of your research, you are required to obtain either IRB approval or confirmation of exempt status. The National Institutes of Health define research as "… a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." Your attempt to publish your research indicates that your results were intended to contribute to "generalizable knowledge" in this area of study. Most, if not all, peer-reviewed journals require this approval for publication of research results. If you are not affiliated with an academic institution and you are unable to work with a university IRB, there are several private/regional IRBs available.

Why IRB review is needed. IRB oversight is required in order to verify that the participants have provided permission for their personal health information to be used for research—the purpose is to ensure the privacy of individuals being studied. The review may involve, among other activities, the following: patient interviews or questionnaires, follow-up with patients to determine the effectiveness of a program or a treatment, chart review, analysis of clinical and administrative data, or mailed questionnaires.

Exempt status is an option. You may be able to obtain exempt status if your research falls into a specific category, such as the collection or study of existing data, documents, records, and pathological or diagnostic specimens. The term "existing data" means that all the data, documents, records, or specimens used in the research were in existence prior to the initial IRB review and were collected for other purposes. These may be deemed exempt if the sources are publicly available or if the information is recorded such that the subjects are unidentifiable. Even if you believe your research falls into one of these exempt categories, it would be wise to obtain the exemption first and then perform the retrospective chart review.

For more information, read Rule 3 of the Code of Ethics, "Research and Innovation," at aao.org/ethics-detail/code-of-ethics#clinical.

ACADEMY STORE

2017-2018 *BCSC*: Important Updates

The 2017-2018 edition of the *Basic and Clinical Science Course (BCSC)* is available for advance order starting mid-May and will ship by mid-June (eBooks are also available starting mid-June). The *BCSC* is a comprehensive reference used by ophthalmologists and residents worldwide. The new 2017-2018 edition includes major revisions to the following:

- Section 5: *Neuro-Ophthalmology*
- Section 8: *External Disease and Cornea*
- Section 13: *Refractive Surgery*

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

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

Put Your Patient Portal or Website to Work

The Academy's patient education videos are the most efficient way to help your patients better understand their condition or treatment. Offer the videos on your patient portal or practice website so that patients can view them at their convenience—this improves patient satisfaction and also saves you valuable time during chairside consultations. These videos are available in

5 subspecialty collections: cataract and refractive surgery (21 videos), glaucoma (9 videos), oculoplastics (7 videos), pediatrics (9 videos), and retina (21 videos). These videos are yours to own; no subscription is required.

To order the videos, visit aao.org/patientvideos.

Sign Up for *Ophthalmology Retina* eTOC Alerts

The Academy's *Ophthalmology Retina,* a peer-reviewed journal focused exclusively on the latest advances in retina, is now available for order. To subscribe, visit aao.org/store.

To receive eTable of Contents alerts, visit www.ophthalmologyretina.org, click "Journal Info," and then select "New Content Alerts."

May 10 Webinar: IRIS Registry Update

Be sure to attend the Academy's May 10 webinar, "IRIS Registry Update, the Future of Ophthalmology." **William L. Rich III, MD,** will discuss the current uses of the IRIS Registry and planned future applications, including the following: meeting Maintenance of Certification Part 4 and state licensure requirements; acquiring CME credits; enabling ophthalmologists to report 3 of the 4 performance categories for the Merit-Based Incentive Payment System and managing advanced alternative payment models as they become available; researching; and accessing drug and device postmarket studies.

For more information, visit store.aao.org/clinical-education/product-line/clinical-webinar.html.

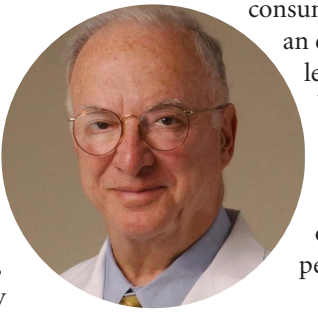
MEMBERS AT LARGE

Passages

William S. Tasman, MD, FACS, renowned retina specialist and Academy past president, passed away on March 28. He was 87.

A gifted clinician with a particular interest in pediatric ophthalmology, Dr. Tasman had a profound effect on the field. As ophthalmologist-in-chief of Wills Eye Hospital from 1985 to 2009, he trained 161 residents and 199 retinal fellows, and he transformed the powerhouse into the prestigious institution it is today. In addition to being a past president of the Academy (1999), he served on the board of the Academy's Foundation, chaired the Academy's Laureate committee, and was past president of both the American Ophthalmological Society and the Retina Society.

Dr. Tasman received his medical degree from Temple University School of Medicine and did his residency at Wills Eye Hospital, followed by a retinal fellowship at Massachusetts Eye and Ear Hospital. In 1974, he founded the group practice Mid-Atlantic Retina (formerly Retinovitreous Associates, Ltd.). His research focused on pediatric vitreoretinal disorders, specifically retinopathy of prematurity, familial exudative retinopathy, Stickler's syndrome, X-linked retinoschisis, incontentia pigmenti, vitelliform macular degeneration (Best disease), and Stargardt disease. Dr. Tasman's most recent article for the Academy's *Ophthalmology* journal appeared in a special retina supplement, *Historical Perspectives on the Management of Macular Degeneration, Diabetic Retinopathy, and Retinal Detachment: Personal Reminiscences,* in which he provided a historical perspective of the management of retinal detachment.[1]



Dr. Tasman.

"Bill Tasman epitomized professionalism and civility in American ophthalmology," said **David W. Parke, MD,** Academy CEO. "He was the consummate clinician and surgeon, an endearing teacher, a powerful leader whose style was marked by grace and humility, and a deeply principled man. He and his wonderful wife Alice Lea leave an indelible mark on our profession and on our personal lives."

1 Fine SL, Goldberg MF, Tasman W. *Ophthalmology.* 2016;123(10):S64-S77.

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D.C. REPORT

Academy Establishes Strong Relationships With New Leadership

The Academy has prioritized building relationships with the new leadership at the Department of Health and Human Services (HHS), a critical step toward improving federal regulations affecting ophthalmology. The new HHS secretary, Thomas E. Price, MD, is already a strong partner of ophthalmology—when he was a congressman, he led numerous congressional efforts to reduce burdens and penalties that affected our profession. Academy members from Georgia say that, politics aside, the medical field can expect Secretary Price to continue his unwavering commitment to physician-led health care.

Meanwhile, Seema Verma has been selected to lead the Centers for Medicare & Medicaid Services (CMS). Under this new leadership, CMS is considering which regulations warrant changes. To ensure that we have influence on this process, the Academy is moving quickly to inform Ms. Verma and her staff of ways to make Medicare better for our patients.

It is critical that federal regulators continue to view the Academy as a premier resource on physician-led health care policy. The Academy had an excellent relationship with the previous CMS administrator, Andy Slavitt, and his staff. This rapport helped shape how CMS set its rates for glaucoma and retina procedures, along with providing much-needed relief from administrative requirements associated with the meaningful use program.

Eliot L. Berson, MD, a leader in the field of inherited retinal diseases, died on March 19. He was 79.

Dr. Berson, a senior scientist at Massachusetts Eye and Ear, was the William F. Chatlos Professor of Ophthalmology at Harvard Medical School and the founding director of the Berman-Gund Laboratory for the Study of Retinal Degenerations.

In the 1960s, Dr. Berson discovered that electroretinography could detect photoreceptor dysfunction early in life, prior to visual deterioration. He subsequently led research showing that dietary supplementation with vitamin A, omega-3s, and antioxidants could slow visual loss from the disease. In the 1990s, he co-discovered the first genetic defect associated with retinitis pigmentosa (RP), a point mutation in the rhodopsin gene.

Richard C. Troutman, MD, refractive surgeon and educator, died on April 5. He was 94.

Dr. Troutman was professor and head of the Department of Ophthalmology at SUNY Downstate Medical Center in New York from 1955 to 1983. The program at Downstate was notable as one of the first subspecialty ophthalmology programs to be approved by the AMA; in addition, Dr. Troutman's was the first U.S. postgraduate training program to routinely teach microsurgery to residents. During this tenure, he was appointed a surgeon director at Manhattan Eye, Ear, and Throat Hospital in 1961, and he also served for 2 years there as chairman of the Department of Ophthalmology.

In 1954, Dr. Troutman designed the first of his several ophthalmic surgical microscopes. In 1976, he established the Microsurgical Research Foundation (MRF) with his wife, **Suzanne Véronneau-Troutman, MD, FRCS(C), FACS.** The foundation awards 2 annual educational cash prizes. He also cofounded the International Society for Refractive Surgery and was its second president (1982-1984). "A gifted surgeon and teacher and a true gentleman, Dr. Troutman will be missed and remembered as an icon of ophthalmology," said **Cynthia A. Bradford, MD,** Academy President.