



COUNCIL SUBSPECIALTY/SPECIALIZED INTEREST SECTION MEETING

MINUTES

**Saturday, April 21, 2018
Renaissance Downtown Hotel
Washington, D.C.**

I. Welcome/Introductions and Review of Agenda

Council Vice Chair and Section Leader Sarwat Salim, MD convened the Council Subspecialty/Specialized Interest Section meeting, introduced the Deputy Section leader and American Society of Retina Specialists Councilor Judy E. Kim, MD and welcomed the attendees*. The minutes from the Fall 2017 Council section meeting were approved as distributed.

II. Update from Academy's Telemedicine Workgroup

Michael X. Repka, MD, MBA, Academy Medical Director of Governmental Affairs, provided an update on Academy efforts regarding telemedicine. Dr. Repka stated that there are three information statements that the Academy's Telemedicine Task Force* has developed:

1. Use of Innovative Technologies in Diagnosing Eye Diseases and Conditions (2014)
2. Telemedicine Information Statement (2015)
3. Telemedicine for Ophthalmology Information Statement (2018)

The most recent statement, *Telemedicine for Ophthalmology Information Statement* (found on page 25 of the printed Council agenda book), was approved by the Academy's Board of Trustees in February 2018. The purpose of these statements are *not* to replace Ophthalmic Technical Assessments nor Preferred Practice Patterns, but rather to provide background to members and to payors as we try to push the envelope on coverage policies for some of these innovations. The first statement, *Use of Innovative Technologies in Diagnosing Eye Diseases and Conditions*, is in the process of re-review by the Task Force as 4 years in this space is quite long with the rapid changes taking place. The second statement developed in 2015 recognizes that telemedicine has a role to play and can improve access. Our 2018 statement begins to lay out what a practitioner needs to do for validation and for the protection of patients and for training and begins to address disease exposure. It is primarily geared towards retina with some anterior segment reference for emergency room access. On Monday, April 16, 2018, the Task Force held a conference call to decide its next steps. The Task Force will focus on broader documents that will begin to explain the management of each area in detail. Artificial intelligence will also be addressed. The Academy's Task Force will continue to receive input on issues to address as well as input on authors.

In October 2017, the FDA held a workshop on digital medicine in which the Academy participated. Malvina Eydelman, MD is in the process of drafting the outcomes from the workshop for publication.

Action: If any subspecialty/specialized interest society has recommendations for topics (and authors) for the Task Force on Telemedicine to address, please pass them along to either Scott Haber in the Academy's Washington DC office (shaber@aao.org), or Dr. Repka or Mike Trese, MD.

*AAO Telemedicine Task Force
Michael Trese, MD (Chair)
Michael Chiang, MD, MA
Paul Lee, MD, JD



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Mark Horton, OD, MD
Maria Woodward, MD, MS
Ingrid Zimmer-Galler, MD
Lloyd Paul Aiello, MD, PhD
Darius Moshfeghi, MD
Michael Repka, MD, MBA

Questions by Councilors:

Q. Can the Academy and/or subspecialty societies get this to be a reimbursable model?
A. Dr. Repka responded that the fee for service model doesn't handle teleophthalmology services well at all. The Task Force is looking at the issue of reimbursement and will continue its advocacy in that area.

**III. Academy Journals -Ophthalmology Glaucoma & Ophthalmology Retina
Stephen McLeod, MD – Editor-in-Chief, *Ophthalmology***

Dr. McLeod discussed two new journals being produced by the Academy, *Ophthalmology Retina* and *Ophthalmology Glaucoma*. He reviewed the composition of the boards for each publication which are diverse and include 50% women along with internationals. *Ophthalmology Retina's* Editor-in-Chief is Andrew Schachat, MD and *Ophthalmology Glaucoma's* is Henry Jampel, MD.

Dr. McLeod stated that *Ophthalmology Retina* started accepting submissions in August 2016 with the first issue published January 1, 2017. During its inaugural year in 2017, *Ophthalmology Retina* was published on a bi-monthly basis. Beginning in 2018, the publication is monthly. *Ophthalmology Glaucoma* is set to begin publishing in August 2018. There will be 3 issues in 2018. In 2019, this journal will be produced on a bi-monthly basis. *Ophthalmology Glaucoma* is a partnership with the American Glaucoma Society (AGS).

Dr. McLeod noted that *Ophthalmology Retina* submissions and decisions are based on a cascade model. Direct submissions have a 37% acceptance rate and transferred papers have an 80% acceptance rate. For authors offered a transfer from *Ophthalmology* to *Ophthalmology Retina*, 53% accept the transfer offer. An article averages 8-10 weeks from acceptance to publication and 24.5 days from submission to first decision (including reject without review and reject with review and revise). Publisher data shows that the majority of redirect traffic to *Ophthalmology* and *Ophthalmology Retina* web sites is predominantly from Google and Google Scholar.

Dr. McLeod stated that *Ophthalmology Retina* is set to submit its PubMed application in October 2018. For National Institute of Health-funded papers published in this publication, they are deposited into PubMed Central in order to conform with NIH funding rules. PubMed is a database of citations and abstracts for more than 27 million articles. PubMed Central is an electronic archive of full-text journal articles, offering free access to its contents. PubMed Central contains more than 4 million articles, most of which have a corresponding entry in PubMed.

Questions by Councilors:

Q. Once *Ophthalmology* is indexed, will it be retroactive?
A. Dr. Schachat responded that NIH-funded papers go to PubMed Central.

**IV. Update from AUPO Fellowship Compliance Committee (FCC)
Michael W. Belin, MD – Chair, FCC Compliance Committee, AUPO**

Dr. Belin said that the Association of University Professors of Ophthalmology Fellowship



Compliance Committee (AUPO FCC) is in its thirteenth year, having started in 2005. It came about in response to the need to standardize and protect our fellows' training programs and to protect the public. All subspecialties participate with the AUPO FCC except for oculoplastics. Each subspecialty has two representatives except for retina which has three. Dr. Belin reviewed the committee makeup as well as the process undertaken by the AUPO FCC. The AUPO FCC uses the SFMatch to see which programs are in compliance. An average of 80% of all fellowship programs participate in the process. There are currently 222 FCC programs.

Dr. Belin noted that over the past year, the AUPO FCC has updated its website for usability including a completed public section; an applicant search function; search by specialty and geographic region functionality and; a posting of requirements. Additionally, online surgical logs are available. Dr. Belin also noted the collaboration with the Academy on subspecialty taxonomies and each subspecialty now has a taxonomy code. Other issues being addressed by the AUPO FCC include adequate malpractice insurance protection for fellows. For fellows starting in 2019, if a program has claims, a tail must be offered. There will be a standard fellowship disclosure around that issue.

Questions by Councilors:

Q. There is a wide variety in salaries. Has there been any discussion by AUPO FCC on standardizing pay?

A. Dr. Belin responded that issue had not been addressed but could be in the future.

Q. Any plans to address global fellowships?

A. Dr. Belin responded there are currently no plans to address this issue, but it certainly could be added to the list of issues to discuss.

V. **Key Take-Aways: 2018 Ophthalmic Advocacy Leadership Group (OALG)**
Daniel J. Briceland, MD – Senior Secretary for Advocacy, AAO

Dr. Briceland noted how critical the ongoing communication is between the Academy and its subspecialty and specialized interest society partners. Part of that important cross-fertilization happens during the annual Ophthalmic Advocacy Leadership Group (OALG) meeting which is held each January in Washington, D.C. He referenced the extraordinary work by the staff team in the Academy's Washington D.C. office on issues including Part B drugs and in reducing regulatory burdens. Leaders of 20 subspecialty/specialized interest societies are invited to come together with Academy advocacy leadership to share information and discuss the Washington agenda. Invitees include the society President (or Chair); President-Elect (VP); the EVP (or Executive Director) and one-night hotel is covered by the Academy.

Based on the 2018 OALG meeting which included leaders from 17 societies, the Academy's primary focus for the year will be:

- a. Advocating against harmful policies and reducing regulatory burdens, especially those that force physicians to use Alternative Payment Models (APMs)
- b. Continuing our relief efforts working with our physician-led groups such as the MACRA Alliance and Regulatory Relief Coalition to increase options for success under MACRA
- c. Supporting telehealth policy, including
 - i. Continuing to support the TECS program within the Department of Veterans Affairs and block optometry's attempts to undermine it
 - ii. Supporting the Indian Health Service's telehealth efforts by securing funding for new cameras for the diabetic tele-retinal screening program
- d. Increasing participation in our advocacy efforts, including Surgical Scope Fund and OPHTHPAC

In addition, the Academy will continue to build on its previous successes to:



- Preserve access to compounded drugs and lower drug costs for our patients overall
- Prevent expansion of surgical scope and increase awareness of the dangers of optometrist's performing surgery
- Increase support from the current administration by forming new congressional relationships
- Support increased funding for vision research

The 2019 OALG meeting will include discussions on physician payment reform; specialty research potential of the IRIS Registry®; drug payment reform initiatives; surgical scope battles and; telemedicine. The meeting will be held on January 25, 2019. Dr. Briceland also noted that the biggest issue during Congressional Advocacy Day (CAD) 2018 was prior authorization.

VI. Section Elections

Deputy Section Leader Judy Kim, MD led the section elections for 2019 leadership positions including Deputy Section Leader, Section Representative to the AAO Nominating Committee and Section Nominating Committee.

(Note: the following were announced as election winners during the Council general session which directly followed the section meeting:

- Deputy Section Leader for 2019: Mary Louise Z. Collins, MD
- Section Representative to the AAO Nominating Committee for 2019: Donald A. Budenz, MD
- Section Nominating Committee for 2019: Erin Benjamin, DO; G. Baker Hubbard, MD; Bryan Lee, MD; Cathleen McCabe, MD and; Prem Subramanian, MD, PhD)

VII. Collaborative Efforts – Academy & Subspecialty Societies

a. Measure Development Process – Next Steps Cynthia Mattox, MD, FACS – Trustee-at-Large, AAO

Dr. Mattox reviewed the reasons behind measure development noting that CMS expects measures and so do commercial payers and employer groups. Dr. Mattox reviewed the Academy's history of measure development starting in 2005. The Academy currently has 29 subspecialty outcome and resource use measures available in the CMS approved IRIS Registry Qualified Clinical Data Registry (QCDR) in 2018. She noted that the Academy actually has 43 measures copyrighted. She noted that CMS is both 'impressed and fascinated' by the Academy's IRIS Registry noting that the Academy is an innovative leader in meaningful quality measures. Dr. Mattox emphasized that the purpose of measure development is to ensure that ophthalmologists have meaningful measures for future reporting; to drive improvements in quality and patient outcomes and; to provide timely, actionable feedback to ophthalmologists. The Academy needs ongoing collaboration with all subspecialty societies in this ongoing measure development *and* improvement process. From CMS' perspective, they are looking for measures that are meaningful to both patients and physicians that are patient-centered and address gaps in care. Dr. Mattox also noted that CMS will eliminate topped out measures or measures with an average of 90+% performance as well as process measures and some surgical outcomes.

Action: The Academy will contact your society leaders to nominate 3-6 representatives Academy will select 1-2 representatives per society and other Academy representatives will serve on workgroup. Representatives will be provided an orientation packet on measure development. Academy staff will convene the group via email or conference call. The Academy has a November 1, 2018 deadline for revisions of current measures or new measures



Questions by Councilors:

Q. When will the subspecialty societies be brought in to discuss the issue of measures?

A. Dr. Mattox responded that the Academy needs to meet a November 2018 deadline but measures are also reviewed on an annual basis.

b. Guidelines for Cleaning & Sterilization of Intraocular Surgical Instruments (AAO/ASCRS/ASORN/OOSS)

Michael A. Romansky, JD – OOSS

Mr. Romansky reviewed some of the past collaborations between the Outpatient Ophthalmic Surgery Society (OOSS), the Academy and other societies on ambulatory surgery center (ASC) issues including ASC payment rates; procedures list; physician ownership of ASCs; ASC quality reporting and the development of ophthalmic procedures and; Anthem's refusal to pay for cataract anesthesia. The most recent collaboration included OOSS, ASCRS and the Academy's Hoskins Center for Quality Eye Care and resulted in the March 2018 *Guidelines for the Cleaning and Sterilization of Intraocular Surgical Instruments* which can be found on the Academy's website at <https://www.aao.org/clinical-statement/guidelines-cleaning-sterilization-intraocular>. These guidelines serve to assist ASCs in their efforts to adopt appropriate practices. The adoption of these guidelines followed meetings with CMS, the FDA and manufacturers to discuss concerns about the use of enzymatic cleaners and other requirements. The OOSS, AAO and ASCRS convened an expert panel to develop detailed guidelines for cleaning/sterilization of instruments in eye facilities. OOSS-member ASCs were surveyed to determine the types of sterilizers being used as well as the protocols and the TASS/endophthalmitis rates. The three societies sponsored a study by an independent lab regarding current ophthalmic sterilization practices. The study established safety and acceptability of short-cycle ophthalmic instrument processing for sequential same-day surgery, even when the drying phase is interrupted. Mr. Romansky noted that the study will be published in the May 2018 edition of *Ophthalmology* and will provide helpful rationale to facilities if surveyors challenge the practices of an ASC. The three organizations are working with the FDA and the manufacturers to modify 'directions for use' that suggest use of enzymatic cleaners. They will also hold meetings with CMS, the Association for the Advancement of Medical Instruments (AAMI) and the Association of Operating Room Nurses (AORN) to promote the adoption of standards and regulations for ophthalmic ASCs that are consistent with expert panel recommendations.

c. IRIS Registry Research – AAO / AGS

Carla Siegfried, MD – Councilor, AGS

Dr. Siegfried discussed opportunities and the potential for 'Big Data' analyses in all subspecialties with the IRIS Registry. Opportunities include actionable analytics including outcomes research, longitudinal patient research, performance measurements, evaluating interventions to improve outcomes and performance improvement projects. The IRIS Registry provides a potentially valuable resource for research projects. Dr. Siegfried discussed the current IRIS Registry and American Glaucoma Society (AGS) research initiative which provides funding for qualified investigators to pursue important questions. Research proposals were reviewed by a subset of AGS Research Committee members plus others who have expertise in IRIS Registry capabilities and datasets. Dr. Siegfried reviewed the criteria for the committee to review and select the research project:

- Important clinically-focused research with potential to positively impact glaucoma care.



- Special consideration for investigations of comparative effectiveness of treatments.
- Advance AAO mission
- Principal investigators must be active AGS member
- Principal investigator must not have current external funding sources (however, internal institutional support is acceptable and encouraged)
- The study must be completed within 2 years with a presentation made at the AGS annual meeting or AAO Glaucoma Subspecialty Day and the publication submitted to *Ophthalmology*.
- Investigators must be willing to share the data with future researchers to permit additional analyses.

Dr. Siegfried announced that the AGS Research Committee received seven (7) submissions for the AGS IRIS Research Initiative in 2018 and ultimately selected the project, *Demographics Differences in Outcomes of MIGs: An IRIS Registry Study*. The principal investigator is Mildred G. Olivier, MD and co-investigators are Eydie Miller, MD, Clarisse Croteau-Chonka, PhD, Oluwatosin Smith, MD and Maureen Maguire, PhD. The aims of the project are to:

- To determine utilization of MIGS
 - By type of MIGS device / procedure, how it compares with traditional glaucoma surgeries
- To determine the effectiveness of MIGS
 - Number of postop glaucoma meds, need for additional laser or surgical interventions
- To determine the safety of MIGS
 - Adverse events (ex: endophthalmitis, hypotony, corneal edema), need for device removal
- To determine how utilization, effectiveness, and safety of MIGS varies based on demographic factors (age, sex, race)

Dr. Siegfried noted that the data scientists with IRIS Registry have begun working with Dr. Olivier's research team. The Academy has plans underway to fund another project beginning in 2019. There will be additional input coming from the IRIS Registry Analytics committee in order to avoid duplication of other ongoing projects supported through other grant pathways, for example, the new Data Analytics Centers or RPB grants. The hope is that this will stimulate ideas for other subspecialties to promote research using IRIS Registry analyses.

VIII. Dr. Salim adjourned the meeting at 9:32am Eastern time.

***Attendees**

Councilors and Alternate Councilors:

Sarwat Salim, MD

Judy E. Kim, MD

Donald L. Budenz, MD, MPH

Emily Y. Chew, MD

Mary Lou Collins, MD

Zelia Correa, MD, PhD

Kathleen Duerksen, MD

Council Vice Chair

Deputy Section Leader and Councilor, American Society of Retina Specialists

Councilor, Association of University Professors of Ophthalmology (AUPO)

Councilor, Association for Research in Vision and Ophthalmology (ARVO)

Councilor, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

Councilor, Pan-American Association of Ophthalmology (PAAO)

Councilor, American Society of Ophthalmic Plastic & Reconstructive



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Anat Galor, MD

Paul B. Greenberg, MD

Preeya K. Gupta, MD

George J. Harocopos, MD

Judy E. Kim, MD

Gary L. Legault, MD

Ralph Lanciano, DO

Jennifer S. Lim, MD

Gregg T. Lueder, MD

Regine S. Pappas, MD

Russell W. Read, MD, PhD

Michelle K. Rhee, MD

Carla J. Siegfried, MD

Ankoo R. Shah, MD

Debra J. Shetlar, MD

Chasidy D. Singleton, MD

Sharon D. Solomon, MD

Prem S. Subramanian, MD, PhD

William B. Trattler, MD

Surgery (ASOPRS)

Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery

Councilor, International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO)

Councilor, Ocular Microbiology and Immunology Group (OMIG)

Councilor, Association of Veterans Affairs Ophthalmologists

Councilor, American Society of Cataract & Refractive Surgery (ASCRS)

Councilor, American Association of Ophthalmic Oncologists and Pathologists (AAOOP)

Councilor, ASRS

Alternate Councilor, Society of Military Ophthalmologists (SMO)

Alternate Councilor, American Osteopathic College of Ophthalmology (AOCO)

Councilor, Retina Society

Councilor, American Academy of Pediatrics (AAP), Section on Ophthalmology

Councilor, Women in Ophthalmology (WIO)

Councilor, American Uveitis Society (AUS)

Alternate Councilor, Contact Lens Association of Ophthalmologists (CLAO)

Councilor, American Glaucoma Society (AGS)

Alternate Councilor, American Society of Retina Specialists (ASRS)

Councilor, American Board of Ophthalmology (ABO)

Councilor, National Medical Association – Ophthalmology Section

Councilor, Macula Society

Councilor, North-American Neuro-Ophthalmology Society (NANOS)

Councilor, Cornea Society

Guests:

Lynn Anderson

Elizabeth Atchison, MD

Michael W. Belin, MD

Cynthia A. Bradford, MD

Daniel J. Briceland, MD

Brian P. Conway, MD

Eydie Miller-Ellis, MD

Ninel Gregor, MD

Mary Elizabeth Hartnett, MD

Natasha Kolomeyer, MD

Priya Mathews, MD

Cynthia Mattox, MD

Stephen D. McLeod, MD

William F. Mieler, MD

Christie L. Morse, MD

Claudia Maria Prospero Ponce, MD

Christopher Rapuano, MD

Christopher Ricks

Aaron Ricca, MD

Michael X. Repka, MD, MBA

William L. Rich, MD

Michael A. Romansky, JD

Andrew Schachat, MD

George Williams, MD

Executive Director, IJCAHPO

Advocacy Ambassador, Sponsored by ASRS

AUPO FCC Compliance Committee Chair / Speaker

AAO Immediate Past President

AAO Senior Secretary for Advocacy / Speaker

ASRS

IJCAHPO

Retina Society

AAO Leadership Development Program XX, Class of 2018, nominated by ARVO

Advocacy Ambassador, Sponsored by AGS

Cornea Society

AAO Trustee-at Large / President, AGS

AAO Editor-in-Chief, *Ophthalmology*

AAO Trustee-at-Large

EVP, AAPOS

Advocacy Ambassador, Sponsored by NANOS

AAO Committee of Secretaries

Advocacy Ambassador, Sponsored by University of Utah Health Sciences Center / Moran Eye Center

Advocacy Ambassador, Sponsored by Macula Society

AAO Medical Director for Governmental Affairs / Speaker

AAO Past President and Medical Director of Health Policy

OOSS / Speaker

AAO Editor-in-Chief, *Ophthalmology Retina*

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