

2018 COUNCIL ADVISORY RECOMMENDATIONS

Detailed Status Reports attached

CAR #	Title	Submitted By	Referred To	Status	Rating
18-01	Improving Accuracy of Classification Categories for Board Certification	Alan L. Wagner, MD, FACS - AAO Councilor, Virginia Society of Eye Physicians and Surgeons	Senior Secretary for Clinical Education, Louis B. Cantor, MD; Staff: Dale Fajardo; Rayna Ungersma	<p>The Academy will continue to provide this and other member feedback to the ABO regarding MOC by continuing its participation on joint AAO/ABO liaison bimonthly meetings and to discuss issues related to CME, MOC and quality improvement initiatives such as the IRIS registry. The AAO and ABO are aligned in believing that ophthalmologists wish to keep current with new knowledge and techniques, achieve the best outcomes possible for their patients, and demonstrate their competence and professionalism to the public and to their colleagues.</p> <p>Currently, the ABO is actively working within the ABMS to make MOC more relevant to practitioners while remaining true to its mission to serve the</p>	1

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				public while undertaking initiatives to clarify the certification listings of its diplomates. In essence, the ABO seeks to provide detailed and up-to-date information about its diplomates to the public, health care institutions, payors, and other interested parties, to allow such entities to use the information for decision-making as they see fit, while making it evident diplomates choose to engage in activities that demonstrate their competence and professionalism and also appropriately recognize their achievements.	
18-02	Patient Advocacy via the AAO	Dinelli M Monson MD - AAO Councilor, Oregon Academy of Ophthalmology	Senior Secretary for Advocacy, Daniel Briceland, MD; AAO Medical Director for Governmental Affairs, Michael X. Repka, MD, MBA; Staff: Cathy Cohen	The Academy has engaged patients as needed for major advocacy campaigns at the federal and state level but does not have a permanent dedicated department/initiative due to the expense. Most recently, at the state level, this spring we successfully engaged hundreds of patients in Illinois who wrote letters to state legislators in opposition to the OD scope expansion proposal.	1

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				<p>At the Federal level, the Academy got 45 patient organizations to join our regulatory relief effort against Medicare Advantage plans abuse of Prior Authorization requirements. They sent a letter to CMS Administrator Seema Verma calling for action. CMS is particularly sensitive to patient complaints and nearly 40% of Medicare beneficiaries choose to participate in (private) Medicare Advantage plans. We are also recommending to state societies-most recently in Florida-to identify patients or patient organizations to join us in our call for plans to drop some of the most abusive requirements such as monthly PA requirements for AMD treatment.</p>	
18-03	Resident/fellow Involvement in CAR Submissions	Timothy P Page, MD – AAO Councilor, Michigan Society of Eye Physicians and Surgeons	Council Chair, Lynn K. Gordon, MD, PhD; Senior Secretary for Advocacy, Daniel J. Briceland, MD; Staff: Gail Schmidt; Liz Sharpe	N/A	N/A
18-04	State Government Affairs Funding	Edward S Lim MD - AAO Councilor, Connecticut Society of Eye Physicians	Secretary for State Affairs, Kurt Heitman, MD; Staff: Bob Palmer	N/A	N/A

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18-05	The Gatekeeper Role of Ophthalmology	Andrew Tharp, MD – AAO Councilor, Indiana Academy of Ophthalmology	Senior Secretary for Ophthalmic Practice, Robert Wiggins, MD, MHA; Secretary for State Affairs, Kurt Heitman, MD; Staff: Debra Rosencrance, Bob Palmer	N/A	N/A
18-06	Federal Designation of Convergence Insufficiency as a “Visual Impairment”	Mary Louise Z Collins MD– AAO Councilor, American Association for Pediatric Ophthalmology and Strabismus	AAO Medical Director for Governmental Affairs, Michael X. Repka, MD, MBA; Staff: Cathy Cohen	The Academy’s Governmental Affairs Division has identified the appropriate contact at the US Department of Education Office of Special Education and Rehabilitative Services to engage with on this issue. Prior to setting up a meeting, Division staff will engage with state societies, as well as stakeholder organizations such as AAPOS, to identify evidence that scarce resources are being redirected from those with visual impairments or blindness and directed towards those with convergence insufficiency.	1
18-07	Protecting Technician Performance of Routine Tasks Problem	William Ehlers, MD - AAO Councilor, International Joint Commission on Allied Health Personnel in Ophthalmology	Senior Secretary for Ophthalmic Practice, Robert Wiggins, MD, MHA; Secretary for State Affairs, Kurt Heitman, MD; Staff: Debra Rosencrance, Bob Palmer	The Secretariat for State Affairs will be addressing the formation of a task force for this CAR at the July 2018 Secretariat for State Affairs Meeting.	1

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18-08	AAO Policy on Sexual Harassment	Regine Pappas, MD – AAO Councilor, Women in Ophthalmology	Council Chair, Lynn K. Gordon, MD, PhD; Chair, Ethics Committee, Ron W. Pelton, MD, PhD; Staff: Liz Sharpe, Mara Pearse-Burke	The Academy's new policy regarding sexual harassment has been included in the annual meeting section of the Academy's web site under <i>Academy Annual Meeting Policies and Disclaimers</i> (https://www.aao.org/annual-meeting/policies-and-disclaimers). Additional planning for the distribution and discussion of this policy at the Academy's annual meeting and via other avenues continues. The Academy is also working to flesh out processes related to the reporting and follow-up of sexual harassment claims by members. As noted by CEO David Parke II, MD in his January 2018 <i>EyeNet</i> editorial on <i>Sexual Harassment and Ophthalmology</i> , "Members and Fellows also deserve to understand how the Academy addresses this issue, the seriousness with which it is taken, the organizational culture we attempt to engender, and the processes we have in place to protect	1

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				<p>our staff, our volunteers, and our profession itself”.</p> <p>The Academy delivered the new policy prohibiting sexual harassment to all Academy staff on May 1, 2018. Additionally, the Academy remains compliant with California law requiring that all companies with 50 or more employees are provided with two hours of sexual harassment prevention training every two years.</p>	
18-09	Combining Invoices of AAO National and State Society Dues with Advocacy Donations	Paul D. Weishaar, MD - AAO Councilor, Kansas Society of Eye Physicians and Surgeons	President-Elect, George Williams, MD; Secretary for Member Services, Brad. H. Feldman, MD Staff: Jane Aguirre; Jessica Kuo	N/A	N/A

Status Report for Council Advisory Recommendation:

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

Report From: Senior Secretary for Clinical Education, Louis B. Cantor, MD

Analysis:

This CAR and the discussion from the April Council hearing request that the ABO revise its classification system allowing ophthalmologists certified after 1992 to continuously retain their certification status and have initial certification status listed separately from MOC status in the following manner:

1. Board Certified - Date (upon passage of the initial certifying exams)
2. Maintenance of Certification
 - a. Current (for those up to date with their MOC cycles)
 - b. In Progress
 - c. Expired
 - d. Not Required
3. Board Eligible
4. Not Certified (Failed to complete initial certifying exam in time specified)

The suggested reclassification avoids potential negative consequences of listing a diplomate as “not certified” if for some reason their participation in MOC has lapsed even though they are a competent practicing ophthalmologist.

Potential negative consequences of listing diplomates as “not certified” cited in the CAR include preventing a retired ophthalmologist from donating time even with a current medical license, loss of privileges at hospitals and for insurance panels as well as loss of patient trust if a physician is listed as “not certified” while still working to maintain certification. In addition, in the legislative arena other providers may claim that all their constituents are certified while some ophthalmologists are not.

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Report:

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Currently, the ABO is actively working within the ABMS to make MOC more relevant to practitioners while remaining true to its mission to serve the public while undertaking initiatives to clarify the certification listings of its diplomates. In essence, the ABO seeks to provide detailed and up-to-date information about its diplomates to the public, health care institutions, payors, and other interested parties, to allow such entities to use the information for decision-making as they see fit, while making it evident diplomates choose to engage in

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activities that demonstrate their competence and professionalism and also appropriately recognize their achievements.



Status Report for Council Advisory Recommendation:

18-02: Title: Patient Advocacy Via the AAO

Report From: Senior Secretary for Advocacy, Daniel Briceland, MD;
AAO Medical Director for Governmental Affairs, Michael X. Repka, MD, MBA

Analysis:

This CAR calls for the Academy to engage a patient voice to help educate local and federal legislators on advocacy priority issues

Rating:

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Report:

The Academy has engaged patients as needed for major advocacy campaigns at the federal and state level but does not have a permanent dedicated department/initiative due to the expense. Most recently, at the state level, this spring we successfully engaged hundreds of patients in Illinois who wrote letters to state legislators in opposition to the OD scope expansion proposal.

At the Federal level, the Academy got 45 patient organizations to join our regulatory relief effort against Medicare Advantage plans abuse of Prior Authorization requirements. They sent a letter to CMS Administrator Seema Verma calling for action. CMS is particularly sensitive to patient complaints and nearly 40% of Medicare beneficiaries choose to participate in (private) Medicare Advantage plans. We are also recommending to state societies-most recently in Florida-to identify patients or patient organizations to join us in our call for plans to drop some of the most abusive requirements such as monthly PA requirements for AMD treatment.

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Status Report for Council Advisory Recommendation:

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

Report From: AAO Medical Director for Governmental Affairs, Michael X. Repka, MD, MBA

Analysis:

The CAR asks for the American Academy of Ophthalmology’s Federal Affairs Secretariat to directly engage with the US Department of Education (USDOE) Office of Special Education and Rehabilitative Services to change their position on including convergence insufficiency under their Individuals with Disabilities Education Act (IDEA) definition of visual impairment.

Rating: 1

Report:

The Academy’s Governmental Affairs Division has identified the appropriate contact at the US Department of Education Office of Special Education and Rehabilitative Services to engage with on this issue. Prior to setting up a meeting, Division staff will engage with state societies, as well as stakeholder organizations such as AAPOS, to identify evidence that scarce resources are being redirected from those with visual impairments or blindness and directed towards those with convergence insufficiency.

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Status Report for Council Advisory Recommendation:

18-07: **Title:** Protecting Technician Performance of Routine Tasks Problem

Report From: Kurt Heitman, MD – Secretary for State Affairs

Analysis:

CAR 18-07 highlights the delivery care challenges ophthalmologists will face in future years with increased patient loads. Although advances in technology will continue to increase an ophthalmologist's efficiency, that alone will not close the delivery gap. Ophthalmologists will rely more and more on Allied Ophthalmic Personnel (AOP) to assist them in the daily care of patients. As CAR 18-07 points out, it is imperative that the AOP not be inhibited by state laws and regulations- current and future – that place limitations on the “important duties that the ophthalmologist can delegate to and be routinely performed by AOP in ophthalmology offices.”

Recognizing the dangers imposed on the efficient delivery of eye care services if AOP are restricted by state legislation or regulation, the State Affairs Secretariat works continuously year in and year out with state ophthalmic societies across the country to derail initiatives that unduly restrict AOP from performing their ophthalmic duties.

In addition to the Secretariat's current advocacy opposition restrictions, CAR 18-07 request the creation of a task force comprised of AAO members and IJCAHPO representatives working in partnership with state ophthalmic societies to provide advocacy tools that are specifically targeted towards the AOP and the quality of care AOP members provide to a more efficient delivery of quality eye care.

For these reasons, the Secretary for State Affairs supports the creation of a task force highlighted in CAR 18-07. The State Affairs Secretariat looks forward to working with IJCAHPO leadership to organize the task force and bring it forward as a working advocacy tool for ophthalmology patient care.

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Report:

The Secretariat for State Affairs will be addressing the formation of a task force for this CAR at the July 2018 Secretariat for State Affairs Meeting.

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Status Report for Council Advisory Recommendation:**18-08:** **Title:** AAO Policy on Sexual Harassment**Report From:** Council Chair, Lynn K. Gordon, MD, PhD**Analysis:**

Women in Ophthalmology (WIO), and co-sponsors American Uveitis Society and the Washington Academy of Eye Physicians and Surgeons submitted Council Advisory Recommendation (18-08) concerning an AAO policy on sexual harassment. In this proposal it was stated that sexual harassment is not specifically addressed in the current AAO Code of Ethics and recommended that there should be mechanisms for education of the membership about prevention of sexual harassment and to enforce a zero-tolerance policy.

At the CAR hearing, the sponsor, co-sponsors and attendees were assured that the Academy acknowledges the seriousness of the problem of sexual harassment and believes that additional consideration about sexual harassment policies and procedures is important to the mission of “protecting sight and empowering lives”.

In addressing the Academy’s Code of Ethics, it was stated that The Code of Ethics is a patient-centered document, directed to matters relating to patient care such as informed consent, preoperative assessment, delegation of care, conflicts of interest affecting patient care, and so on. Therefore, while the Academy embraces zero tolerance toward sexual harassment of any person, the Code of Ethics, in its current form, is not the proper vehicle for enforcement. Furthermore, the Academy and its Ethics Committee do not have the jurisdiction or the resources to undertake legal investigations of sexual harassment.

There is an existing provision within the Academy Bylaws (paragraph 1.23, *Termination of Membership*) which defines the process of automatic membership termination when a member’s medical license is encumbered in any manner.

It was announced that in March of 2018, the Academy Board of Trustees had approved the following policy which is even more explicit in the activities to which it pertains and relevant definitions:

ACADEMY POLICY PROHIBITING SEXUAL HARASSMENT

The Academy values and respects the dignity and integrity of all who work together to protect sight and empower lives. As part of the Academy’s commitment to diversity and its organization-wide policy of nondiscrimination, Academy staff have long been bound by a policy prohibiting sexual harassment in the workplace and in association with Academy-related activities. The Academy now extends this prohibition of sexual harassment to its leaders and members; meeting attendees and their guests; and meeting exhibitors. Henceforth, the Academy prohibits sexual harassment by staff, leaders, members, attendees, guests and meeting exhibitors during or in association with Academy-sponsored events, meetings or social gatherings.

For the purposes of this policy, sexual harassment includes anything of a sexual nature that might create an unprofessional, unwelcoming or hostile environment. This includes, but is not

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limited to, unwelcome sexual advances, requests for sexual favors, displaying sexually graphic photos or other materials, sending sexually explicit emails or text messages and uninvited verbal or physical conduct of a sexual nature.

If you experience sexual harassment after the date of this policy, email one of the following individuals: president@aao.org, presidentelect@aao.org or generalcounsel@aao.org. Your communication is confidential.

Lastly, it was announced in the CAR hearing that the Academy will investigate other mechanisms to inform and educate members on this important topic.

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Report:

The Academy's new policy regarding sexual harassment has been included in the annual meeting section of the Academy's web site under *Academy Annual Meeting Policies and Disclaimers* (<https://www.aao.org/annual-meeting/policies-and-disclaimers>). Additional planning for the distribution and discussion of this policy at the Academy's annual meeting and via other avenues continues. The Academy is also working to flesh out processes related to the reporting and follow-up of sexual harassment claims by members. As noted by CEO David Parke II, MD in his January 2018 *EyeNet* editorial on *Sexual Harassment and Ophthalmology*, "Members and Fellows also deserve to understand how the Academy addresses this issue, the seriousness with which it is taken, the organizational culture we attempt to engender, and the processes we have in place to protect our staff, our volunteers, and our profession itself".

The Academy delivered the new policy prohibiting sexual harassment to all Academy staff on May 1, 2018. Additionally, the Academy remains compliant with California law requiring that all companies with 50 or more employees are provided with two hours of sexual harassment prevention training every two years.