

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:

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.

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.

In July the ABO published an [article in Diplomate Digest](#) in response to this CAR. The article describes how certification is currently reported and outlines plans for updating the reporting system. The article requests input from diplomates [by email](#) or by phone 610-664-1175.

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:

1 = Currently being addressed by AAO activities...

Report:

The Academy engages patients as needed for major advocacy campaigns at the federal and state level but does not have a permanent dedicated department specific to “patient engagement”. It is an established function within the governmental affairs division.

At the state level, we continue to partner with state ophthalmological societies to engage patients as needed where we face optometric surgery initiatives. Through state-specific social media pages and other digital platforms—including the Academy’s email advocacy tool “Voter Voice”—patients can connect directly with their state legislators with just a few taps on their smartphone or clicks of a mouse. For example, the online advocacy initiative in opposition to North Carolina’s 2017 optometric surgery legislation generated over 2,000 letters to state lawmakers asking them to vote “no” on the bill. We have undertaken similar efforts in Florida, and more recently in Illinois where ophthalmologists have been educating their patients on the patient risks involved with optometric surgery and recruiting willing patients to submit letters to their legislators.

Recently, the Academy’s State Affairs Secretariat established a new Citizen Advocate for Patient Safety and Quality Eye Care Award. It was presented this year 2017-18 to Vickie Clarke, of Greensboro, NC. She was honored for helping ophthalmologists in her state to defeat a dangerous optometric surgical scope expansion proposal.

At the Federal level, the Academy just presented to a group of patient organizations on the practitioner’s perspective on the new “Step Therapy” authority for Medicare Advantage plans in the hope of building a broad coalition to ensure the best care for patients.

This important function will continue to be supported within the governmental affairs division and patient advocacy efforts will be highlighted in future council newsletters.

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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 spoken with the US Department of Education Office of Special Education and Rehabilitative Services about this issue. The Academy will hold a face-to-face meeting with USDOE staff in November/December to discuss our concerns that scarce resources are being redirected from those with visual impairments or blindness and directed towards those with convergence insufficiency.

Academy Governmental Affairs Division staff will provide an update on the action items or next steps from that meeting at the next meeting of the Council.

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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:

During the July 2018 Secretariat for State Affairs meeting, the Secretariat discussed the state legislative/regulatory issues associated with CAR 18-07. The Secretariat determined the most effective manner to address CAR 18-07 tech issues was to have a conference call with IJCAPHO leaders. Kurt Heitman, MD Secretary for State Affairs convened this call on August 23, 2018. Call participants included: William Ehlers, MD AAO IJCAPHO Councilor, Lynn Anderson, Exec Director IJCAPHO; State Secretariat members Kurt Heitman, MD; John Peters, MD and AAO State Governmental Affairs (SGA) staff Bob Palmer, Brendan Mar, and Michael Levitt. The conference call discussion was very positive, and the following actions were approved:

- Forward proposal of an IJCAPHO speaker to present Tech Issue at the AAO Council of Advocates session in Chicago;
- State Affairs Secretariat members will present the TECH issue in their presentation at each Regional Council meeting;

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- SGA to continue to provide IJCAPHO staff a weekly CQ report that highlights bill action in the state legislatures across the country - - SGA will share all its “search” terms with IJCAPHO staff to determine if additions are required; and
- Research placement of the Tech issue on an upcoming Council webinar.

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>).

In August 2018, the Academy finalized processes related to the reporting and follow-up of sexual harassment claims by members and non-members. *American Academy of Ophthalmology Policies and Procedures Governing Sexual Harassment* was presented to the Board of Trustees on Sept. 22 and was approved. This Academy policy and procedures prohibiting sexual harassment is now available at: (<https://www.aao.org/about/policies/harassment-prohibition-policy>).

As noted by Academy CEO David W. 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".