



Spring Council Meeting Council Advisory Recommendation (CAR) Hearing Report April 22, 2023

23-01: Ensuring the Financial Health of State Societies

SUBMITTED BY: Indiana Academy of Ophthalmology

PROBLEM STATEMENT: All politics is local is more than just a phrase. Advocacy activity at the state level is critical to the crucial ongoing legislative battles across the country. These local connections are equally important for effective activity at the federal level. Unfortunately, the ability to conduct this important activity is rapidly waning as state societies become less robust due to flat and often declining memberships. Once strong, successful state societies are experiencing troubling membership trends. The failure to reverse this trend now WILL result in a significantly reduced ability to advocate for our profession and patients.

DID THE ACADEMY’S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	56%
No	41%
Abstain	3%

PRIORITY: HIGH

Low	4%
Medium	26%
High	70%
Abstain	0%

Comments from the CAR Hearing:

- Grace Sun, MD: If you combined dues, would it affect your PAC contributions? Reply from Dr. Kappler: No, we collect PAC dues at our annual state meeting. If we had more members (via this solution) we could collect more PAC contributions.
- Amin Ashrafzadeh, MD: The American Society of Anesthesiologists combines members’ national and state dues. Separately, the ABO has a drop-down box that allows you to identify what parts of the requirements you’ve completed. Could the Academy have a similar question about national, state, Surgical Scope Fund, etc.? Reply from Dr. Miller: The Academy already encourages this on our website.
- David Silbert, MD: The American Optometric Association requires national, state and local participation and that is why they are more vibrant. The ask is that the Academy should mandate state membership.
- Robert Gross, MD: The American Academy of Pediatrics requires national, state and local membership. The Texas Medical Association collects county dues with state dues annually.
- William Clifford, MD: The Kansas Society of Eye Physicians and Surgeons has an anemic membership with \$800 dues. If we could cut our dues by 1/3 (via this solution) it would help tremendously.
- W. Walker Motley, MD: Would there be some reduced costs to state societies in collecting dues if the Academy implemented this? Reply from Dr. Klapper: If PAC contributions are not part of the Academy’s dues collections, it would eliminate a big

component that would contribute to costs-so we're advocating that the states continue to collect their PAC dues. But for the additional costs incurred by the Academy, such as legal fees, those could be easily allocated to the state societies - and with increased membership at the state level, and thus an increase in collected dues, state societies could lower their annual dues and still cover the costs passed on by the Academy.

BOT Referred to:

Aaron M. Miller, MD, MBA – Secretary for Member Services

23-02: Pediatric Ophthalmology Subspecialty Workforce Shortage

SUBMITTED BY: American Association for Pediatric Ophthalmology and Strabismus

PROBLEM STATEMENT: In the past decade the decline in fellowship-trained pediatric ophthalmologists in this country has become exponentially worse. The Academy needs to expand its role working with subspecialty societies, State Societies, the Association of University Professors of Ophthalmology (AUPO), medical schools as well as other large organizations for example, the American Academy of Pediatrics (AAP) and the American College of Surgeons (ACS) in addition to increasing its advocacy efforts with governmental bodies to ensure that fellowship training in pediatric ophthalmology and adult strabismus continues.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	80%
No	20%
Abstain	0%

PRIORITY: HIGH

Low	0%
Medium	8%
High	92%
Abstain	0%

Comments from the CAR Hearing:

- David Silbert, MD: Today Medicaid supports 50% of all kids in the U.S. In Pennsylvania, Medicaid reimbursement is only 48% of Medicare reimbursement. So, when we hear that Medicare is taking a 2% cut and everyone is running around like their hair is on fire... imagine how we feel with only getting 48% via Medicaid. This means there will be no private practice pediatric ophthalmologists that take Medicaid. In many states, there will be no pediatric ophthalmologists because they will move out of those states.

BOT Referred to:

Michael X. Repka, MD, MBA - Medical Director for Governmental Affairs

23-03: Study of the Ophthalmologist Workforce

SUBMITTED BY: American Association for Pediatric Ophthalmology and Strabismus

PROBLEM STATEMENT: An accurate understanding of the current and ongoing state of our physician workforce, including subspecialty practice patterns, gender identity and race characteristics, is critical to identifying deficits that shape policy recommendations and guide the physician marketplace. The AAO with the cooperation of the organizations that make up the council are in a unique position to create a comprehensive population-based study of the state of the ophthalmology workforce.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	84%
No	15%
Abstain	1%

PRIORITY: MEDIUM-HIGH

Low	22%
Medium	42%
High	36%
Abstain	0%

Comments from the CAR Hearing:

- Sohail Hasan, MD, PhD: Congratulations to Dr. Larson for this excellent CAR and to Dr. Miller for his response. Putting on my political hat, I want to remind people to be acutely aware that when we talk about the fact that there are workforce shortages, be careful because one of the things optometrists like to point out is that there is an access to care issue. The more we call out the shortages, the more it strengthens their argument. Know that I am not against this CAR though. Reply from Dr. Larson: Yes! Though having better data will help us, we must safeguard the data.
- Thomas Byrd, MD: There is unanimous opinion that we need workforce data, but there is an element of resistance to conflating that with basic demographic data, i.e.: ethnicity or gender. If we separate the data sets, we might find broader support.
- Maria Woodward, MD, MS: We need good prevalence data about what is actual disease in this country. We really use a lot of secondary analyses and what we see with a lot of the CDC-funded programs is that we are way underestimating the true prevalence of disease. So, if we have a workforce shortage – what is the amount of actual eye disease in America? This has been under-studied.
- Kathleen Duerksen, MD: What are the barriers to obtaining this data? Reply from Dr. Miller: We made multiple efforts and the general consensus is that our members just choose not to disclose this information. Younger members are even less likely to provide this information. For 1.5 years we've been attempting to improve our database and we're not making much progress. We are now looking at new ways to obtain this data.

BOT Referred to:

Aaron M. Miller, MD, MBA – Secretary for Member Services

23-04: Ensuring Virtual Options for National Meetings

SUBMITTED BY: Michigan Society of Eye Physicians and Surgeons

PROBLEM STATEMENT: This CAR written by Emily Schehlein, MD and Olivia Killeen, MD is jointly sponsored by Women in Ophthalmology and the Michigan Society of Eye Physicians and Surgeons. In-person national ophthalmology meetings typically require air travel, car/bus, or alternative transportation for hundreds or thousands of attendees in addition to the use of paper and plastic goods, making these conferences a major contributor to climate change. Recently, ophthalmic conferences have begun to eliminate virtual options that were introduced during the pandemic, leading to the exclusion of those who are unable to attend in-person, such as pregnant individuals, breastfeeding mothers, people who cannot leave home due to childcare or eldercare responsibilities, disabled individuals, and ophthalmologists who are on-call for patient emergencies during the conference.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	94%
No	5%
Abstain	1%

PRIORITY: MEDIUM-LOW

Low	34%
Medium	46%
High	20%
Abstain	0%

Comments from the CAR Hearing:

- James McDonnell, MD: Virtual options are valuable, but we must be mindful of reducing any meeting to a virtual-only setting. Think about this meeting – what value is there if we are not together in person? We have to be careful of eroding the importance of being together.
- Susan Burden, MD: It is possible to expand without eroding. We had watch parties during AAO 2022 and they were great! We will never get up to 100% attendance in person, so anything we can do to get people involved, even for an hour or two, to make them feel part of the organization and vital. It is in our best interest to have this offering.
- Jennifer Thorne, MD: Remember that if we agree this is a priority, ensure your state licensure boards will accept virtual CME credits and that your promotion committees (if Academics) will accept lectures that are virtual, because not all of them have in the past.
- Sohail Hasan, MD, PhD: Virtual options can be wonderful, but virtual meetings are very bad for raising money for your PACs. Thankfully we have so many people here at this meeting – we are now approaching record numbers for raising money for OPHTHPAC this year – which I thank everyone for. Virtual offerings really erode donations.
- Edward Raab, MD: Attending meetings in person is such an enriching experience. It would be very easy to opt out and still think you are participating. A valuable dimension is lost when you are not present.

BOT Referred to:

Bennie H. Jeng, MD - Secretary for Annual Meeting

23-05: Access to Pediatric Eyecare: Medicaid Disparity

SUBMITTED BY: Pennsylvania Academy of Ophthalmology

PROBLEM STATEMENT: There is a dire access to pediatric eye care crisis in Pennsylvania and throughout the US that can be analyzed on the basis of supply and demand. Since the early to mid-2000s, the field of pediatric ophthalmology has faced a serious decline with fewer ophthalmology residents pursuing fellowship positions and an increase in positions filled by international medical graduates who ultimately return to their country of origin. When surveying senior ophthalmology residents for the reasons they chose not to pursue pediatric ophthalmology, economic factors along with large amounts of educational debt contributed to their decision. Over half of the country's children are covered under Medicaid, but providers are not evenly distributed by state to meet population demand. Among all states, PA has one of the most serious access to eye care issues for children driven largely by low Medicaid reimbursements. As of 2022, PA has only 39 pediatric ophthalmologists serving a population of more than 1.5 million children enrolled in Medicaid/CHIP. PA has the lowest Medicaid reimbursement for new patients and follow-up visits in the country, which is not only affecting access to care, but is also deterring newly trained pediatric ophthalmologists from seeking employment in the PA area. The current levels of reimbursement have fallen below the costs of providing care for most practices. This has forced many pediatric ophthalmologists to stop seeing Medicaid patients, which forces young children traveling to academic centers that continue to take Medicaid.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	78%
No	22%
Abstain	0%

PRIORITY: HIGH

Low	1%
Medium	8%
High	91%
Abstain	0%

Comments from the CAR Hearing:

- William Clifford, MD: Speaking as a state legislator, I'm on a social service budget committee. We can make general increases in overall Medicaid budgets and reimbursement, but it's important to 'be at the table.' We can also put in budget provisos to direct what the MCO's do. We previously had an ophthalmologist who was a previous councilor, Susan Mosier, MD as our head of Medicaid in Kansas. So again, I think it's important that the Academy supports state societies so it can motivate our colleagues to 'be at the table' and make changes.
- Steven Thornquist, MD: The bottom line is survival for pediatric ophthalmologists. This is our 'Medicare.' If you were worried about getting only 98% of the Medicare you used to get...we in Connecticut have a bill that may get us up to 60% of Medicaid and up to 80% 5 years later (and we're really happy about that.) So, we need the same "hair on fire running around energy" for this too. The problem is IN the states. When you get back, get as involved in this as you were in the Medicare fee battle. Contact your state legislators and your health directors, contact anyone who has any influence. Know your governor-they sign these bills. Please help us!
- Prem S. Subramanian, MD, PhD: I sincerely appreciate the financial difficulties with peds and other subspecialties, but I want to encourage people to come into our fields. Though we have to fight to be paid fairly, none of us are starving. Let's ensure those in training that you can have a bright future in these subspecialties.

BOT Referred to:

Michael X. Repka, MD, MBA - Medical Director for Governmental Affairs

23-06: Ethical Obligation of After-hours Care

SUBMITTED BY: Minnesota Academy of Ophthalmology

PROBLEM STATEMENT: Ophthalmologists have an ethical obligation to provide care for patients. An important part of our obligation is ensuring access to after-hours care – whether at night, on the weekend or a holiday. Many ophthalmologists decline to offer after-hours care, and instead have voicemail or web-page messages that redirect patients to seek care at community clinics or a hospital emergency room. This behavior shifts the access burden during weekends and holidays, usually to a very limited number of facilities that are qualified to provide the necessary care.

DID THE ACADEMY’S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	68%
No	31%
Abstain	1%

PRIORITY: HIGH-MEDIUM

Low	20%
Medium	33%
High	47%
Abstain	0%

Comments from the CAR Hearing:

- Robert Gross, MD: We discussed this CAR in our regional meeting yesterday and while the Academy’s Code of Ethics is certainly valid and important, it’s not adequately specific to address the issues raised by this CAR.
- Alan Wagner, MD, FACS: We are bound to do the right thing and we’re supposed to do the right thing. Yet the world gets in the way, or our politics and finances get in the way. Politically speaking, it’s the greatest liability we have. I have the privilege of representing the Academy to the American College of Surgeons. And if you hear anyone say it better, it’s our friend Dr. Glaucomflecken on YouTube. Watch the response by an ophthalmologist to an emergency room call. See the lack of an ophthalmologist in the ER when there is trauma. We are perceived as not caring and not showing up, or being missing in action is a big problem. This is a risk, and we have to wake up.
- Sharon Taylor, MD: Kudos for all CARs focused on our patients! Because we discussed this CAR in our regional meeting, I hope that our comments were collected and will be shared with all members of the Academy so we can have more people talking about this, because peer pressure is very effective.

BOT Referred to:

Russell N. Van Gelder, MD, PhD – Member, Ethics Committee

23-07: Distribution of Emergency Eye Care

SUBMITTED BY: Minnesota Academy of Ophthalmology

PROBLEM STATEMENT: Over the last 25 years, many ophthalmologists have switched from performing surgery in full-service hospitals to ambulatory surgery centers (ASCs). One unforeseen result of this change is that emergency eye patient care is often directed to a small number of hospitals, resulting in fewer ophthalmologists managing a greater number of emergency cases.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	91%
No	8%
Abstain	1%

PRIORITY: HIGH

Low	7%
Medium	26%
High	67%
Abstain	0%

Comments from the CAR Hearing:

- None

BOT Referred to:

George A. Williams, MD - Senior Secretary for Advocacy

23-08: Environmental Consciousness in Academy Meetings

SUBMITTED BY: Nebraska Academy of Eye Physicians and Surgeons Minnesota Academy of Ophthalmology

PROBLEM STATEMENT: Academy arranged meetings represent a large potential environmental impact due to the size of such meetings. It has come to our attention during these meetings that there are opportunities for changes in behavior that can lessen this impact.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	89%
No	11%
Abstain	0%

PRIORITY: HIGH-MEDIUM

Low	25%
Medium	33%
High	42%
Abstain	0%

Comments from the CAR Hearing:

- Steven Thornquist, MD: I have a plastic badge holder here. Maybe the Academy's annual meeting doesn't have them anymore, but they are here. And we voted by paper today when we could have used these electronic devices. By the way, I love what I do. What I hate are the economic forces that make me not do it the way I want to.

BOT Referred to:

Bennie H. Jeng, MD - Secretary for Annual Meeting

23-09: New Approach Needed for Protecting Medicare Patient Access

SUBMITTED BY: Nebraska Academy of Eye Physicians and Surgeons Minnesota Academy of Ophthalmology

PROBLEM STATEMENT: The ability to provide care to patients is based on economic feasibility. Due to lack of Congressional action, the economic feasibility to provide care to Medicare patients has steadily declined and may very well be on the verge of infeasible.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	83%
No	16%
Abstain	1%

PRIORITY: HIGH

Low	14%
Medium	27%
High	59%
Abstain	0%

Comments from the CAR Hearing:

- David Silbert, MD: This tends to be a group thing when you enter the reimbursement system. It's like drinking the Kool-Aid and it all makes sense until it doesn't any longer. At some point the whole thing needs to be burnt down and rebuilt. I don't know how you do that, but let's not forget Medicaid as well.
- Scott Larson, MD: While attending meetings with my fellow lowans on The Hill during Congressional Advocacy Day, we were able to get 100% of our Representatives to tell us that if we can come to them with some cost-saving measures, they will talk to us. And we started thinking about organized medicine and are we really talking about ways to save costs with Medicare? Should we start thinking along those lines?
- Amin Ashrafzadeh, MD: We need to look at the cost centers in Medicine: the drug companies, the hospitals, etc. That's the only way the pie can get bigger. I know it's outside of ophthalmology, but this is the real issue. We're getting killed while they are getting fat. I don't know what the Academy can do about this, but I hope the Academy can start looking at this.
- Lee Snyder, MD: I think we need our ophthalmologists in public health to speak up and have a strong voice on this issue.

BOT Referred to:

Michael X. Repka, MD, MBA - Medical Director for Governmental Affairs

23-10: Public Perception of Ophthalmology - Are we 'Eye Doctors' or Ophthalmologists?

SUBMITTED BY: Texas Ophthalmological Association

PROBLEM STATEMENT: Advocacy serves to improve eye health for our patients in a myriad of ways, whether through access to care by removing barriers to sight-saving procedures or by making eye medication refills available on a timely basis. State societies across the US are committed to advocacy and spend a considerable portion of their time and resources on behalf of patients. Over the past 5-7 years, an increasing portion of time and resources have been allocated to scope issues in an effort to protect patients from receiving a lower standard of care from non-physician providers gaining state licensure for ophthalmic procedures by legislative fiat rather than by years of advanced medical and surgical residency training.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	86%
No	14%
Abstain	0%

PRIORITY: HIGH

Low	0%
Medium	16%
High	84%
Abstain	0%

Comments from the CAR Hearing:

- Darby Miller, MD, MBA: This has become a recurring theme, we need to clarify the blurred line. As Mel Rubin, MD wrote in 1991, "education is the antidote." If we can get this education campaign out there and clarify the blur, whether it's with our patients, the public or our legislators, I think it's very important to make the distinguishing fact about ophthalmologists and what our level of education and training is. Hats off to my colleague, Joe Nezgoda, MD as his practice has taken some fire and suffered because of his optometric colleagues - but he's standing up and doing what's right and we appreciate it.
- Joe Nezgoda, MD: Those of us here obviously care about this fight, that's why we are here. But do the other members of the Academy really care? I don't know if they care. This fight isn't for us, it's for our patients. And I want the members that are involved in our activities and educational meetings to be as aware and as concerned and able to fight for advocacy. Deep down, I want our leaders in this organization to hold them accountable. If you're not involved in advocacy maybe you shouldn't be able to be involved in the rest of the Academy's activities. In Florida, we have offensive legislation. Our legislators have proposed a bill that the optometrists cannot call themselves physicians or doctors without modifying the term, such as 'doctor of optometry' or 'optometric doctor.' The response to this and the amount of fundraising and backlash from the Florida Optometric Association is almost inspirational - I wish we had this kind of fire. Their egos are so damaged by the truth. I would like everyone here to not be afraid to be an advocate. I don't want to be afraid or feel embarrassed to be an advocate. I feel that our membership (those not here) are almost ashamed to be an advocate. God forbid it will hurt their bottom line. God forbid they may not be best friends with those referring. I want that message to go back with you to your states - to your members that are not here - to your partners that won't be part of your state society. That's what we really need to do. We'll never be able to fully educate 300 million people about the difference in the "O's". Take this message home with you. Thank you.
- James McDonnell, MD: Branding is very important for our profession. If you ask anyone

the difference between all of the “O’s”, they will have no idea. Our experience with our legislatures required us to continuously redefine who we were. When we changed our name and referred to ourselves as “Eye Surgeons” it became perfectly clear. Now they know exactly who we are. If you ask anyone what an “Eye MD” is, they are wildly confused. We must do focused market testing. If we put ourselves out as “Eye Surgeons” and that optometrists are the ones who work in Target, they get it.

- Sharon Taylor, MD: Pennsylvania has had the same law in Florida in effect for a while now. We have good communication and cooperation with the PA Optometric Association to the point that we are developing a joint letter to send to people who are using the title incorrectly. They are supporting it because they are proud to be optometrists and they support public education and awareness. Tying into that, our society is on 15 different coalitions and continue to build and grow and multiply our voice. With all of the battles going on, a public campaign should be about “who is taking care of you” and making sure your caregivers are physicians. If we as a coalition across all of medicine can ban together, perhaps we can spend a few million dollars more effectively and it doesn’t all have to come out of our pocket.
- Isaac Ezon, MD: I wanted to also suggest that part of our marketing budget not go to the difference between the “O’s”, but to asking, “Is your doctor a real doctor?” It is a House of Medicine issue. We are seeing this now with the VA Federal Supremacy issue. If we can work together with the rest of medicine to put out a national campaign, maybe we can get the upper hand.
- Sasha Strul, MD: I suggest we not let ourselves become bitter. Having a great relationship with an optometrist is possible. While we are trying to figure out how to best differentiate ourselves for patients – and how to best advocate for our patients, our messaging should be that we are “here for our patients” and not just against optometrists.

BOT Referred to:

Dianna L. Seldomridge, MD, MBA – Secretary for Communications