

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

The Academy's New CEO: Dr. McLeod

Stephen D. McLeod, MD, will be the Academy's new executive vice president and CEO. Starting Feb. 1, 2022, he will succeed retiring CEO David W. Parke II, MD, who has led the Academy since 2009. "David has been an incredible leader and the Academy is thriving; I'm thrilled to have the opportunity to serve the Academy and such an inspirational group of colleagues that make up our profession," said Dr. McLeod.

Dr. McLeod currently is the Theresa M. and Wayne M. Caygill, MD, Distinguished Professor and Chair, Department of Ophthalmology, University of California, San Francisco (UCSF). At UCSF, Dr. McLeod leads a research, education, and patient care program with an annual budget approaching \$40 million and 250 employees, including 59 clinicians and scientists. Under his direction, the department more than doubled clinical care visits and tripled research funding and successfully completed a \$200 million capital and research base expansion program. The research program has been the No. 1 recipient of National Eye Institute (NEI) funds for the past three years.

Dr. McLeod has a long history of Academy service, beginning as a



DR. MCLEOD. UCSF Professor and Ophthalmology Editor-in-Chief Dr. McLeod will take over the Academy CEO position from Dr. Parke in February 2022.

member and eventually chairing the *Preferred Practice Patterns* Committee. He also served as the secretary for Quality of Care and currently serves as editor-in-chief of *Ophthalmology*, the most widely read clinical publication within the medical specialty of ophthalmology. And he has been a member of the Board of Trustees since 2017.

"With his experience as chair of a highly competitive academic department and editor of the Academy's flagship peer-reviewed journal, *Ophthalmology*, Stephen brings critical experience and vision to the role of Academy CEO and is our enthusiastic choice to lead organized ophthalmology in 2022 and beyond," said Academy President **Tamara R. Fountain, MD**.

Dr. McLeod has maintained an active clinical practice in cornea and external disease, including cataract and refractive surgery. His research centers on design and execution of randomized

controlled trials to improve diagnosis and treatment of corneal infection worldwide.

He is highly engaged in the profession, having served on the Board of Directors of the American Board of Ophthalmology and, currently, on the Council of the American Ophthalmological Society. He is a former chair of the Ophthalmic Devices panel of the FDA and is a former member of the National Eye Advisory Council, which advises the Secretary of Health and Human Services, National Institutes of Health, and the NEI on all policies and activities relating to vision research, training, and more.

Before his tenure at UCSF, Dr. McLeod was a resident, assistant professor, and then director of refractive surgery at the Illinois Eye and Ear Infirmary at the University of Illinois at Chicago. He was a fellow at the Doheny Eye Institute in Los Angeles and received his medical degree from Johns Hopkins University. He received his undergraduate degree from Dartmouth College.

The CEO is the highest staff position for the Academy, leading more than 200 employees and managing an annual budget of \$62 million. The CEO must be an active or life fellow of the Academy; have an active, unrestricted license to practice medicine; and have experience in leadership and organizational management. In April, Dr. Parke announced his intention to step down after 12 years in the role. A committee chaired by Academy Past President **Anne L. Coleman, MD, PhD**, then directed a national search for Dr. Parke's successor.



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"I'm incredibly excited that Stephen will be the Academy's next CEO," said Dr. Parke. "He is widely recognized as a leader in academic ophthalmology and as a gifted teacher, and I've also been delighted to partner with him on issues of advocacy at the state and federal levels. His business management expertise has been highlighted as he directed the development and operation of a beautiful new eye institute. All ophthalmologists will be fortunate to have Dr. McLeod at the Academy's helm."

IRIS Registry Participants: Update on EHR Integration

The Academy's IRIS Registry (Intelligent Research in Sight) is partnering with Verana Health for data curation and analytics. For the IRIS Registry to continue to deliver optimal value, it must aggregate valid data from electronic health record (EHR) systems that are secure and reliable and that share comprehensive data in a well-organized manner.

Together, the Academy and Verana Health continue to offer participation in the IRIS Registry at no charge to Academy members. Verana Health has completed the integration process for more than a dozen EHR systems (those used by the vast majority of IRIS Registry participants) and is preparing to integrate more in 2022. Not all EHR systems meet Verana Health's criteria for integration—some, for example, have configurations that yield insufficient data.

FIGmd, the current registry services provider, will continue to provide MIPS reporting until Verana Health has completed the transition process for eligible systems.

Learn more at aao.org/iris-registry/ehr-systems.

Explore the Museum of the Eye App

Even if you aren't in San Francisco, you can still visit the Truhlsen-Marmor Museum of the Eye through its app. There's so much to explore, 24/7—all in the palm of your hand.

Tours. Watch a two-minute video tour through all four galleries, which include interactive displays, touchscreens, videos, a light-sensitive eye model, and more. You can go behind the scenes with staff to learn about topics ranging from "National Trachoma Service" to "Quack Medicine and Eyecups." They also demonstrate the "hole in your hand" optical illusion—great for kids!

Blog. Check out the blog series, featuring a peek at the "Spectacular Spectacles" exhibition, as well as a notice about the museum's efforts to collect artifacts from 2020.

Resources for families. Gather round to read information about animal eyes, watch videos, and perform basic science experiments. Resources are geared to be fun for parents, educators, and kids.

Collection search. The museum's collection includes 38,000 pieces! See antique exam chairs and Allen implants, the Laureate Award given to Marshall M. Parks, MD, James Muir's event badge from 1916, medals, pharmaceuticals, an Actina sight restorer, vintage advertisements, and more.

Upcoming. Now that the physical museum has opened, the app will expand with more tours, talks, translations, and special events. To keep up with what's happening, subscribe to the newsletter. In the app, select "More...", then "Mailing List," and "Sign Up."

Get the free app. Find

it in Google Play or Apple's App Store by searching for "Museum of the Eye."

Highlights of the Fall Council Meeting

At the Nov. 11 Fall Council Meeting, councilors and society and Academy leaders joined together for the first in-person council meeting in two years. "It was energizing to again share perspectives and insight and to participate in strategic planning for the future," noted Council Chair Sarwat Salim, MD. Important topics included dispar-



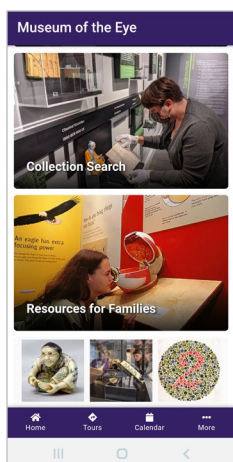
HALL OF FAME. Dorothy M. Moore, MD (left), and Kenneth P. Cheng, MD (right), were presented with the 2020 and 2021 (respectively) Secretariat for State Affairs' Hall of Fame awards at the Fall Council Meeting.

ities in eye care, the outlook in Washington, and recognizing members.

Disparities in eye care. The Academy's Past President, Anne L. Coleman, MD, PhD, a member of the Academy Task Force on Disparities in Eye Care, covered the goals of the task force, saying that health equity in eye care is a complex subject involving social determinants of health and medical care, access to care, cost of care, multifactorial risk factors to disease, and outcomes of care. Combating inequities involves some issues that are outside of the scope of the task force, such as economic, geographic, or social issues; however, she said that the Academy will focus on what it can support, such as research, population data analytics, effective advocacy, promoting change in the makeup of the ophthalmologic workforce, promoting optimal processes of care delivery, and more.

Read more about this task force and other related initiatives at aao.org/diversity-equity-and-inclusion.

Washington outlook and the current state of affairs. Councilors heard from Academy state and federal affairs experts during discussions focusing on physician payment, prior authorization, ophthalmic scope battles and the Academy's playbook, Veterans Affairs, and more. All Academy members are urged to help champion top advocacy priorities by supporting OphthPAC and to join the battle to protect quality eye care in the states by supporting the Surgical Scope Fund.



The Surgical Scope Fund Fights for Patient Safety

Following 2021's aggressive push for optometric scope expansion, the Academy's Surgical Scope Fund and your support are critical to preserving surgery by surgeons and patient safety in states facing dangerous scope legislation.

As states convened their 2021 legislative sessions in January, organized optometry secured champions for their surgery proposals, targeting state Senate and House leadership before promoting their legislation. Optometry sought to secure surgery privileges via legislative fiat, rather than through necessary medical education, clinical experience, and surgical training.

Through the Surgical Scope Fund, the Academy helped state societies achieve patient safety victories this year in Alabama, California, Florida, Oregon, Texas, and Utah—with an expanded prohibition on optometrists performing surgery in California that includes “any procedure in which human tissue is cut, altered, or infiltrated by any means.”

However, despite ophthalmology's efforts, lawmakers in 2021 passed dangerous optometric surgery bills in Mississippi and Wyoming.

Optometry's strong push for surgical authority.

2022 will bring several new optometric state surgery initiatives to surface. The optometric campaigns have evolved into well-organized and targeted pushes for surgical authority. Typical optometric bill language often includes provisions such as the following:

- Granting the state optometric boards full autonomy to expand optometric scope without oversight.

- Authorizing optometrists to perform over 250 surgical procedures with scalpels, lasers, radiation, and injections. Optometry will often negotiate these down to only three to five procedures including Nd: YAG laser, laser trabeculoplasty, peripheral iridotomy, scalpel eyelid surgery, and eyelid injections.
- Removing any existing patient safeguards, such as glaucoma consultations with a physician and prescribing limits on oral and injectable medications, including narcotics and steroids.

A glimpse into the state regulatory process. State regulators in Colorado, Nebraska, and Washington are conducting reviews of proposals to expand optometric practice acts to include surgery. The regulators delivered their report and recommendations to their respective state legislators in fall 2021. The legislatures in these states will decide whether to accept or reject these recommendations when they convene next year.

Ophthalmology's greatest tool. A robust Surgical Scope Fund can help derail these threats. It's ophthalmology's greatest tool to preserve the standards of patient safety and quality of surgical eye care in your state by providing the necessary resources for a winning advocacy campaign.

The outcome is in your hands. Stand up for your patients. Work with your state societies. Engage in the state political process. You can learn more and make a one-time confidential contribution or set up recurring monthly donations to the Surgical Scope Fund today by visiting aao.org/ssf.

Show your support today at <https://secure.aao.org/aao/ssf-ophthpac-donations>.

Recognizing the dedicated and deserving. Secretary for State Affairs, John D. Peters, MD, had the honor of recognizing two Academy members whose lifelong patient advocacy demonstrates a commitment to public policies that support quality medical and surgical eye care in their home states. The Secretariat for State Affairs' Hall of Fame award for 2020 was presented to Dorothy M. Moore, MD, Councilor for the state of Delaware. The 2021 Hall of Fame award was presented to Kenneth P. Cheng, MD, Surgical Scope Fund Committee Chair from 2016-2020. Before the meeting was adjourned, a special thanks and appreciation were extended to the Academy Councilors who completed their terms,

many of whom devoted six years to this important role.

Learn more about the Council. The Council has a critical role in presenting membership concerns to the Academy Board of Trustees. To see who represents your state society, subspecialty society, or specialized interest society on the Council, and to learn about Council activities, see the “Council roster” link at aao.org/council.

FOR THE RECORD

Participate in the Academy Election

The election for open positions on the Board of Trustees and voting on the proposed amendments to the Code of Ethics began on Nov. 15 and closes on Dec. 14 at noon EST. Election materials were mailed or emailed to

all voting Academy fellows and members.

Results of the election will be posted on the Academy's website at aao.org/about/governance/elections by Dec. 16, 2021.

Nominate a Colleague for the Laureate Award

Every year, ophthalmologists distinguish themselves and the profession by making exceptional scientific contributions toward preventing blindness and restoring sight worldwide. The Academy Board of Trustees recognizes these extraordinary contributions with its Laureate Award, the Academy's single highest honor. The award recipient is announced each fall, and the Laureate is recognized during the Opening Session of the annual meeting.

Nominate a colleague using the

application at aao.org/about/awards/laureate by Jan. 31, 2022.

TAKE NOTICE

Kantar Notice: A Request From EyeNet

In the next month or two, some of you may be invited to participate in a magazine readership survey conducted by Kantar Media. If you are a fan of *EyeNet*, please participate. Being ranked among the most widely and thoroughly read ophthalmic publications enables the magazine to secure funding for projects that help you in the clinical realm and in your practice, like the MIPS manual.

Give to Your Favorite Programs Before the Tax Year Ends

Time is running out to make your 2021 tax-deductible gifts. Consider giving back to an Academy program you've benefited from, such as the ONE Network or IRIS Registry; or show your support for Minority Ophthalmology Mentoring, EyeCare America, or Global Outreach. Your gift will help sustain the Academy's education and quality-of-care programs, creating a better tomorrow for ophthalmologists and patients.

Visit aao.org/donate.

Volunteer: Promote Ophthalmology URiM

Want to help diversify ophthalmology? You can recruit medical students to be a part of the Minority Ophthalmology Mentoring program. The program was created by the Academy and the Association of University Professors of Ophthalmology to provide tools and resources to help underrepresented in medicine (URiM) students (Black, Hispanic, Native American) become competitive ophthalmology residency applicants.

Volunteers are needed to help promote the program to interested students at local medical schools and college campuses. You'll reach out to educational institutions in your area to promote the Minority Ophthalmology Mentoring program. Volunteers are

asked to familiarize themselves with the program and utilize PowerPoint presentations, flyers, and short videos from the Academy's toolkit to speak about the many facets of ophthalmology, share their personal story about ophthalmology as a rewarding profession, and promote the program as a resource for URiM students.

Get started at aao.org/volunteering, then choose "Connect." (This is just one of many Academy volunteer opportunities.)

MIPS: Apply for a Hardship Exception by Dec. 31

Under the Merit-Based Incentive Payment System (MIPS), the deadline to apply for hardship exceptions is 8:00 p.m. EST on Dec. 31, 2021.

There are two options: 1) the extreme and uncontrollable circumstances (EUC) hardship exception and 2) the promoting interoperability hardship exception. Under the former, you can apply to have your MIPS performance score reweighted in up to four MIPS performance categories.

In disaster zones, clinicians in some counties may be eligible for an automatic exception. After a widespread catastrophe, CMS may waive the application requirement for clinicians who are participating in MIPS as individuals rather than as part of a group. Such individuals would have their 2021 scores for all four MIPS performance categories reweighted to zero, and they would receive a neutral MIPS payment adjustment in 2023 (no bonus and no penalty). At time of press, CMS had announced that it will apply automatic EUC hardship exceptions due to the severe winter storm in Texas; Hurricane Ida (Louisiana and certain counties in Mississippi, New Jersey, and New York); and severe storms, tornadoes, and flooding (certain counties in Missouri). If you are in a disaster zone but CMS hasn't yet flagged your county as eligible for an automatic exception, you should apply for a hardship exception before the Dec. 31 deadline.

Have you been approved for a hardship exception? Warning: CMS will not reweight a performance category if you report data for it after the triggering

EUC event. CMS will assume that you want to be scored on that performance category.

For more on hardship exceptions, visit aao.org/medicare/resources/MIPS-extreme-hardship-exceptions.

MIPS: If You Are Reporting Manually Via the IRIS Registry—Get Busy!

If you report MIPS via the IRIS Registry, make sure you complete the following steps by Jan. 31, 2022.

Step 1: Download the IRIS Registry Preparation Kit. The kit includes step-by-step instructions on inputting and viewing your MIPS data. Academy members can download it for free (aao.org/iris-registry) or purchase it as a spiral-bound book (aao.org/store). For tips on using the kit, attend the Dec. 8 webinar (see page 57).

Step 2: Finish manual reporting for 2021. If you successfully integrated your electronic health record system with the IRIS Registry, your MIPS quality data are automatically extracted; otherwise, you must enter quality data into the IRIS Registry manually. In both cases, you must report promoting interoperability measures and improvement activities manually.

Include the data-completeness totals. If you are manually reporting patients for a quality measure, you must enter into the IRIS Registry the total number of patients eligible and excepted from that measure.

If you report a quality measure on fewer than 100% of patients, do not cherry-pick. CMS has stated that if you report on a measure for fewer than 100% of applicable patients, you should not select patients with the goal of boosting your performance rate.

Step 3: Make sure membership dues are current. All your practice's ophthalmologists must be up to date with their 2021 Academy membership dues.

Step 4: Submit a signed data-release consent form. You must submit a new consent form (or forms) each year and can do so via the IRIS Registry dashboard. For instructions, see aao.org/consent-form.

Step 5: Submit your data to CMS.

Log into the IRIS Registry dashboard and complete the submission process.

For more information on the IRIS Registry, visit aao.org/iris-registry.

ACADEMY RESOURCES

Save 10% on Patient Education Brochures Until Jan. 10

Don't leave your patients to self-diagnose with "Dr. Google." Patients prefer to leave your office with easy-to-understand, ophthalmologist-reviewed brochures from the Academy. This high-quality patient education saves you chair time and can mitigate your informed consent risk.

From Dec. 1 through Jan. 10, save 10% on every pack of 100 patient education brochures using code PEB2021 at checkout. No minimum purchase is required to take advantage of this limited-time offer.

Order today by visiting aao.org/patientbrochures.

Wellness: Food for Thought

As a physician, you know what you should be eating, but life can complicate the best of nutrition plans—not least when you were at AAO 2021 in New Orleans! This month, visit the Academy's wellness pages for your colleagues' tips on healthy eating.

For wellness information and resources, visit aao.org/wellness.

Don't Miss These Upcoming MIPS Webinars

Who is your practice's point person for the Merit-Based Incentive Payment System (MIPS)? Make sure these three dates are on their calendar.

Dec. 8—learn how the IRIS Registry Prep Kit can help with your 2021 MIPS reporting. The 2021 IRIS Registry (Intelligent Research in Sight) Preparation Kit is a detailed user guide that supports your IRIS Registry utilization for quality improvement and MIPS reporting. For a walk-through, register for this free webinar at store.aao.org/optimize-your-2021-mips-reporting-using-the-iris-registry.html.

Dec. 14—evaluate your practice's quality of care with IRIS Registry data feedback. The IRIS Registry dashboard

provides actionable, timely feedback based on your practice's data. To learn more, register for this free webinar at store.aao.org/webinar-evaluate-your-practice-s-quality-of-care-with-iris-registry-data-feedback.html.

Dec. 16—get up to speed on the latest MIPS news. Each year, CMS adds new wrinkles to MIPS. Attend a free webinar to get up to date on last-minute information on 2021 MIPS reporting and for a preview of next year's rule changes. Sign up at store.aao.org/live-webinar-mips-reporting-for-performance-year-2022.html.

MEETING MATTERS

You Can Still Register for the Virtual Meeting

Even if you missed the live broadcast of the virtual meeting Nov. 12-15, you can still register for AAO 2021 Virtual to view sessions on demand through the AAO 2021 Virtual meeting platform.

You can register separately for Subspecialty Day Virtual-Friday and Subspecialty Day Virtual-Saturday and access all on demand Subspecialty Day content for the meetings taking place on the same date.

The virtual meeting platform is open through Feb. 14, 2022. After Feb. 14, you will still be able to access sessions on demand and claim CME credit through Aug. 1, 2022.

Learn more at aao.org/2021.

Claim CME Through Aug. 1

AAO 2021. For AAO 2021, you can claim CME credit multiple times for attending the live meeting and for viewing sessions in the virtual meeting, up to the 50-credit maximum, through Aug. 1, 2022. You can claim some in 2021 and some in 2022, or all in the same year.

Subspecialty Day. For 2021 Subspecialty Day, you can claim CME credit multiple times for attending the live meeting and for viewing sessions in the virtual meeting, up to the 12-credit maximum per day, through Aug. 1, 2022. You can claim some in 2021 and some in 2022, or all in the same year.

You do not need to track which sessions you attend, just the total number

of hours you spend in sessions for each claim.

For more information, visit aao.org/annual-meeting/cme-information.

Plan to Attend AAO 2022

Mark your calendar for AAO 2022. It takes place from Sept. 30 to Oct. 3, 2022 (with Subspecialty Day meetings beginning on Friday, Sept. 30), at McCormick Place in Chicago.

For details, visit aao.org/2022.

The 2022 Abstract Deadline Is Jan. 11

Create content for AAO 2022. Submit an Academy or AAOE instruction course, or a new Skills Transfer lab abstract between Dec. 9, 2021, and Jan. 11, 2022.

Learn more at aao.org/presentercentral.

MEMBERS AT LARGE

Dr. Jain Receives the 2021 Clarkson Quality Improvement Award

Shelly G. Jain, MD, was selected by the American Board of Ophthalmology to receive the 2021 Clarkson Quality Improvement Award. Named for the ABO's Emeritus Executive Director, Dr. John G. Clarkson, this annual award recognizes passion, innovation, and professionalism in quality improvement projects submitted for Continuing Certification.

In her project titled "Alternative Glaucoma Care Model During the COVID-19 Pandemic Using a Drive-Through Intraocular Pressure Station," Dr. Jain explains how development of a drive-through IOP station provided accessible eye care to 214 glaucoma patients during the pandemic while maximizing the safety of patients, staff, and physicians.

Using a temporary covered outdoor station, Dr. Jain was able to conduct drive-through IOP measurements for established glaucoma patients who needed urgent or time-sensitive IOP measurements during the COVID-19 pandemic and who otherwise might not have been seen because of office closures.