

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### The Academy Launches Initiative to Address Myopia Worldwide

The prevalence of myopia has been increasing and is a major cause of visual impairment globally. To address this issue, the Academy is working with organizations around the world to reduce the global burden from myopia by delaying myopia onset in children and reducing myopic progression in children and adolescents. The intent is to prevent the more severe consequences of higher levels of myopia.

**Accomplishments.** An Academy task force, bringing together clinicians and scientists from around the globe, recently completed a yearlong investigation into the science of myopia. This team developed a white paper published in *Ophthalmology*<sup>1</sup> to help guide the Academy's strategic and tactical implementation in fighting myopia.

**Goals.** The Academy will focus on four major areas:

**Education.** The Academy will provide educational resources to inform ophthalmologists and other eye care providers, patients and their families, policy makers, and the public about the growing burden imposed by myopia. It will also provide scientific evaluation of effective interventions.

**Research.** The Academy will foster communication and collaboration between researchers, academic centers, and other health care organizations to share learnings and advance research on novel interventions.

**Public health.** The Academy will support the development and dissemination of public health initiatives to implement safe and effective approaches to delay myopia onset and reduce myopic progression in children and adolescents.

**Advocacy.** The Academy will promote the appropriate access to technologies for control of or reduction of myopia progression.

**Sponsors.** The Academy's initiative is supported by sponsors, including Nevakar and CooperVision, that have each committed \$125,000 to fight myopia over the next five years.

**Learn more at** [aao.org/myopia-resources](http://aao.org/myopia-resources).

1 Modjtahedi BS et al. for the Academy's Task Force on Myopia. *Ophthalmology*. 2021;128(6): 816-826.

### Available Now: BCSC Social Determinants of Health Chapter

The new Social Determinants of Health (SDOH) chapter, which will be included in the 2022–2023 *Basic and Clinical Science Course (BCSC)* in June 2022, is available now as a download-



**CONGRESS' AUGUST RECESS.** Members of Congress are home for the August recess, and your elected official is available to meet with constituents like you. It is imperative that ophthalmologists use the August recess to let lawmakers know how pending policies could affect eye care in their communities. Above, OphthPAC Committee member, S. Anna Kao, MD, (right) poses with Rep. Drew Ferguson, DMD, (R-GA.). For tips on getting started, visit [aao.org/local](http://aao.org/local).

able PDF on the Academy's Diversity, Equity, and Inclusion web page. This important addition (Chapter 17) is part of the minor revision of Section 1 (General Medicine), but the Academy has published it online ahead of print to make it accessible to all members as soon as possible. The chapter presents an evolving, high-level overview of social determinants of health. Key points include:

- SDOH are major drivers of health disparities;
- addressing SDOH will "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all" (Healthy People 2030, an initiative by the U.S. Department of Health and Human Services);



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- minority ethnicity, lower educational attainment, lower income, and lack of insurance are all associated with greater visual impairment in the United States; and
- ophthalmologists should assess the impact of SDOH as part of every patient encounter and should address SDOH in their treatment of patients.

This initial chapter serves as a preview to the full-length version that will be included in the 2023–2024 BCSC major revision.

**Download the chapter** under “Academy Publications and Articles” at [aao.org/diversity-equity-and-inclusion](http://aao.org/diversity-equity-and-inclusion).

## YO Committee Earns 2021 Special Recognition Award

The 2021 Special Recognition Award (SRA) will be awarded to the members of the Academy’s Young Ophthalmologist (YO) Committee. YO Committee Chair **Janice C. Law, MD**, will accept the award at AAO 2021 this November in New Orleans on behalf of the YO Committee and its three subcommittees (YO *Info* Editorial Board, YO Advocacy Subcommittee, and YO International Subcommittee).

**SRA.** The Academy’s SRA is presented to an individual or organization for outstanding service in a specific effort or cause that improves the quality of eye care. The Academy president has the honor of selecting the recipient of this award. “I joined the YO Committee in 1997,” Academy President **Tamara R. Fountain, MD**, said. “We were seven people tasked with putting on a three-hour course geared to young ophthalmologists. From those nascent beginnings, the YO program has expanded to an entire membership division overseen by Gail Schmidt and Neeshah Azam. By recognizing the value of this young demographic, the YO program is investing in the Academy’s future.”

**YO Committee.** Since its inception, the YO Committee and its subcommittees have brought a significant voice and more effective representation to the newest Academy members—the potential future leaders of the profession. Highlights of these efforts include the following:

**Newsletters.** Developed by and for

YOs, the monthly e-newsletter *YO Info* goes out to 7,000 global YOs. It provides clinical pearls, practice management advice and resources, highlights of YOs engaging in advocacy to protect quality patient eye care, and features on unique efforts by international YOs. Other *YO Info* publications include an annual print issue, *YO Info Resident Edition*, dedicated to incoming residents; a newsletter for those just finishing practice titled *YO Info Graduate Edition*; and an edition highlighting international efforts, *YO Info International*. You also can view *YO Info* stories at [aao.org/young-ophthalmologists/yo-info](http://aao.org/young-ophthalmologists/yo-info).

**The Advocacy Ambassador Program.** An Academy program implemented in collaboration with ophthalmic state and subspecialty societies, the Advocacy Ambassador Program was designed to engage residents and fellowship trainees in advocacy. At the federal level, this includes participation in Congressional Advocacy Day and the LEAP Forward program, a Mid-Year Forum session designed specifically for residents and fellows to network with active leaders in ophthalmology. At the state level, advocacy efforts happen in concert with state ophthalmology societies.

**Educational programs.** The YO Committee has collaborated with YO leaders from the European Society of Ophthalmology, the Asia-Pacific Academy of Ophthalmology, and the Pan-American Association of Ophthalmology to create joint educational programs at the Academy’s annual meeting as well international meetings.

**Learn more** about the YO Committee at [aao.org/young-ophthalmologists/grow-in-leadership](http://aao.org/young-ophthalmologists/grow-in-leadership).

## FOR THE RECORD

### Board Nominees

In accordance with Academy bylaws, notice is hereby given of the following nominations for elected board positions on the 2022 board. These nominations were made by the Academy Board of Trustees in June. If elected, the following individuals will begin their terms on Jan. 1, 2022.

#### President-Elect

Daniel J. Briceland, MD

### Senior Secretary for Clinical Education

Christopher J. Rapuano, MD

#### Trustees-at-Large

Purnima S. Patel, MD

#### Council Chair

Thomas A. Graul, MD

#### Council Vice Chair

Prem Subramanian, MD, PhD

**Board appointments.** During the June Board of Trustees meeting, the following individuals were appointed to the 2022 Board of Trustees and will begin their terms on Jan. 1, 2022.

#### Foundation Advisory Board Chair

Gregory L. Skuta, MD

#### International Trustee-at-Large

Iqbal (Ike) Ahmed, MD. Ontario, Canada

#### Nomination procedures for the

**Academy Board.** Elections to fill the five open elected positions on the 2022 Board of Trustees will take place by ballot after the Nov. 12, 2021, Annual Business Meeting. To nominate a candidate by petition, submit a written petition to the Academy’s CEO no later than Sept. 13. The petition must be signed by at least 50 voting Academy members and fellows.

**To suggest a nominee for the 2023 board,** watch for the call for nominations, which will be published in the January 2022 *EyeNet*.

**To read the rules in full,** visit [aao.org/about/governance/bylaws/article5](http://aao.org/about/governance/bylaws/article5).

## Annual Business Meeting Is on a Friday

Notice is hereby given that the Annual Business Meeting of the American Academy of Ophthalmology will be held Friday, Nov. 12, 2021, in the Great Hall at the Ernest N. Morial Convention Center in New Orleans from 5:00 to 6:30 p.m., as part of the Opening Session.

## Notice of Membership Termination

At its February 2021 meeting, the Academy’s Board of Trustees determined that **Jeffrey N. Weiss, MD**, of Parkland, Florida, violated the Academy’s Code of Ethics Rule 3 on Research and Innovation and Rule 13 on Communications to the Public. Dr. Weiss’ Academy membership has been terminated. Academy Fel-

lows or Members whose membership is terminated as a Code of Ethics sanction may not reapply for membership in any class. The Board of Trustees' determination was upheld on appeal.

## TAKE NOTICE

### What Will You Leave for the Next Generation?

When you remember the Academy with a future gift, you support the education of future ophthalmologists. Learn about the 1896 Legacy Society and the convenient ways to give, from wills and living trusts to donor advised funds and charitable gift annuities.

Read more at [aao.org/planmylegacy](http://aao.org/planmylegacy).

### Volunteer: Eye Exams for Underserved Populations

Did you know that you can give back to your community without leaving your office and with little time commitment?

You can do so by volunteering with EyeCare America, a program that helps seniors who have not had a medical eye exam in three or more years, and those at increased risk for glaucoma.

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

### Volunteer: Clinical Currency Review

Would you like to help the Academy maintain its educational material? Sign up to do a clinical currency review. The Academy publishes a variety of books, online cases, podcasts, and more. These materials periodically require review for clinical currency.

To review, you must have no financial relationships with industry and have experience formally teaching, managing, or collaborating with the publication's target audience.

**Get started** at [aao.org/volunteering](http://aao.org/volunteering), then choose "Review." (This is just one of many Academy volunteer opportunities.)

### Ask the Ethicist: Patient's Service Animal in the Office

**Q:** I have a patient who wants to bring his emotional support animal to his

## D.C. REPORT

# Academy Urges CMS to Ban Step Therapy in Medicare Advantage Plans

Today, most Medicare Advantage plans have some step therapy rules for Part B drugs. These rules require that patients first try a less expensive treatment before trying a more expensive one. As a result, step therapy may delay or disrupt timely access to care and can negatively affect patients' health outcomes. In 2021, the Academy's advocacy agenda includes efforts to reverse step therapy rules.

**Recent history of step therapy rules.** Medicare Advantage plans had been banned from imposing step therapy. This changed under the last administration: In 2018, CMS removed the ban with certain conditions. When the Academy questioned the legal standing for the new policy, CMS went through the proper rule-making process to protect plans that imposed step therapy. Under a new final rule, step therapy was limited to new administrations of a Part B drug with a 365-day look-back period beginning in 2020.

Although CMS included some patient safeguards in the final policy, they are not enough.

**Legal issues surrounding step therapy.** At the Academy's virtual 2021 Mid-Year Forum in April, speakers explored the legal issues surrounding step therapy requirements. Paul Rudolf, MD, JD, an internist and a partner at the law firm Arnold & Porter, said that step therapy use by Medicare Advantage plans is "contrary to the statutory requirement that Medicare Advantage plans cover all items and services that are covered by the original fee-for-service Medicare program."

**What the Academy is doing about it.** The Academy has spearheaded robust efforts to challenge CMS' inappropriate step therapy requirements and protect patients.

In April, the Academy—joined by more than 55 patient, physician, and health care groups—launched an advocacy campaign to reverse the rule. The Academy urged the Biden administration to immediately reinstate the ban and to lower medication costs.

In its letter to the U.S. Department of Health and Human Services and CMS, the Academy stressed that "while a drug or therapy might be generally considered appropriate for a condition, individual patient issues, such as the presence of comorbidities, potential drug-drug interactions, or patient intolerances, may necessitate the selection of an alternative drug as the first course of treatment."

**Next steps on banning step therapy.** After receiving the letter, CMS agreed to meet with Academy leaders to discuss documented patient stories. The Academy is optimistic that the Biden administration, which has rolled back several Trump-era policies, will give the rule a second look.

If CMS agrees to reinstate the step therapy ban, it would likely do so by executive order or annual rulemaking.

*office visits. He is now scheduled for surgery and wants his dog in the OR when he goes to sleep and wakes up. We feel that this puts him and other patients at risk. How should I handle this?*

**A:** The Americans with Disabilities Act (ADA) of 1990 prohibits discrimi-

nation based on disability (physical or mental). However, because emotional support animals have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA. Even if they did qualify, the ADA does not require entities, such as



ophthalmology practices, to modify or change policies, practices, or procedures if doing so would “fundamentally alter” the nature of the services provided to the public. The ADA does not override legitimate safety requirements such as public health rules that prohibit dogs in swimming pools or the need for sterility in a health care environment. Thus, if admitting service animals would fundamentally alter the nature of a service or program, such as a surgery center, the animals may be prohibited. Moreover, the ADA requires that the service animal be under the handler’s control at all times, which would be impossible if the handler is undergoing surgery.

Principles 1 and 7 of the AAO Code of Ethics state that when faced with an ethical dilemma, the ophthalmologist is responsible for assuring that the best interests of patients are served. Resolving ethical dilemmas may require you to make choices limiting one patient’s behavior to protect others.

As some state or local governments have laws that allow people to take emotional support animals into public places, you may wish to check with your local government agencies to find out about these laws. And from a liability perspective, you can visit OMIC’s service animal page ([www.omic.com/do-you-have-a-service-animal-policy](http://www.omic.com/do-you-have-a-service-animal-policy)).

**To read the Code of Ethics**, visit [aao.org/ethics-detail/code-of-ethics](http://aao.org/ethics-detail/code-of-ethics).

**To submit a question**, email [ethics@aao.org](mailto:ethics@aao.org).

### OMIC Tip: How Effective Is Your Missed Appointment Protocol?

When patients routinely miss appointments, not only do they place their own health at risk, but also they increase your risk of a claim due to a missed or delayed diagnosis. These no-shows also have multiple costs for your practice, from lost revenue and time spent rescheduling appointments to the lost opportunity of using that appointment for another patient. In the current climate of catching up on deferred care and surgeries postponed due to the pandemic, missed appointments have even greater impacts.

An effective missed appointment protocol begins far in advance of the appointment itself. Decide on the method of communication that you will use to remind patients of their appointments. Whether your system is manual, automated, or a hybrid of the two, it should be customized to suit your patients in order to increase the probability of success. When patients register with your practice for the first time, or return for an appointment, take the opportunity to note if they prefer appointment reminders by text, email, or telephone. Keep the reminders brief and be clear about what action the patient needs to take to confirm or reschedule the appointment. These appointment reminders are also an opportunity to reinforce current safety precautions in your office.

When patients do miss appointments, it is imperative that your staff knows what information to collect, so that you can review no-shows and cancellations and determine next steps. This is a medical decision that cannot be delegated.

Page 5 of OMIC’s Noncompliance Toolkit provides a sample strategy for managing missed appointments. See it at [www.omic.com/how-effective-is-your-missed-appointment-protocol](http://www.omic.com/how-effective-is-your-missed-appointment-protocol).

*OMIC offers professional liability insurance exclusively to Academy members, their employees, and their practices.*

## ACADEMY RESOURCES

### Got New Clinicians? Notify the IRIS Registry by Sept. 1

Has a new clinician joined your practice or has an existing clinician become newly eligible for the Merit-Based Incentive Payment System (MIPS)? If you are using your electronic health record (EHR) system to report MIPS quality data via the IRIS Registry, make sure you haven’t left any clinicians out during the 2021 MIPS performance year: Notify FIGmd, which is an IRIS Registry vendor, as soon as you can and no later than Sept. 1. Make sure that you include the clinician’s National Provider Identifier and, if the person is an ophthalmologist, his or her Academy member ID.

**How do you contact FIGmd?** For instructions on submitting a help desk ticket, you can visit [aao.org/iris-registry/user-guide/submit-help-desk-ticket](http://aao.org/iris-registry/user-guide/submit-help-desk-ticket).

### By Aug. 31, Submit Your Plan for an ABO/IRIS Registry Improvement Project

Is your electronic health record (EHR) system integrated with the IRIS Registry? If so, you can use data from your IRIS Registry dashboard to design an improvement project that can earn you credit for both American Board of Ophthalmology (ABO) Continuing Certification and the Merit-Based Incentive Payment System (MIPS). For the 2021 MIPS performance year, this project would count as a medium-weighted improvement activity—but you must submit your plan to the ABO no later than Aug. 31.

**Learn more** at [aao.org/iris-registry/maintenance-of-certification](http://aao.org/iris-registry/maintenance-of-certification) and <https://abop.org/IRIS>.

### NEW Practice Management Online Community

The American Academy of Ophthalmic Executives (AAOE) has replaced its popular email group list with a new online community for resource sharing and networking. The new AAOE-Talk provides administrators, office managers, and managing physicians a place to openly exchange ideas and discuss the business issues facing modern ophthalmic practices. Use this exclusive AAOE member benefit to get answers to your questions about coding, human resources, financial management, and other practice management issues.

**Learn more** at [aao.org/aaoe-talk](http://aao.org/aaoe-talk).

### Meet Your Practice’s Payer Requirements in the Exam Lane

*Ultimate Documentation Compliance Training for Scribes and Technicians* is a comprehensive on-demand course that will significantly improve your team’s ability to document patient encounters correctly, satisfy payer requirements, and effectively shield your practice from audits and recoupments.

**Learn more** at [aao.org/techtraining](http://aao.org/techtraining).