



**Council State Section Meeting**  
**Sunday, Oct. 28, 2018**  
**1:15 – 2:05 pm**  
**Hilton, Chicago**  
**Continental Ballroom**

Section Leader & Council Chair:  
Deputy Section Leader:

Lynn K. Gordon, MD, PhD  
Sohail J. Hasan, MD, PhD

I. Welcome and Review of Agenda

- Dr. Gordon welcomed attendees and expressed appreciation for the 2018 Deputy Section Leader, Sohail J. Hasson, MD, PhD. Dr. Gordon encouraged attendees to take advantage of the open seating to engage and network with others outside of your society, and to enjoy the opportunity to discuss future CARs or changes in how the Council operates.
- Dr. Gordon thanked and introduced the session moderator, Kurt F. Heitman, MD, Secretary for State Affairs, AAO.

II. State Society Matters

A. Victory the Massachusetts Way

John Mandeville, MD, PhD – Councilor, Massachusetts Society of Eye Physicians and Surgeons

- Massachusetts is the only state where optometrists cannot prescribe medications to treat glaucoma or anything else.
- Massachusetts has been fighting scope battles for over 20 years. The bills are continuously submitted in multiple forms to multiple committees and include the ability to treat all eye diseases (including glaucoma,) prescribe all medications, perform “non-invasive” surgery, all as defined by the Board of Optometry. The ODs are running expensive media campaigns including TV, radio and print ads. A scope bill has passed the Senate every year for at least the past 16 years. They see tremendous support from the House and from national OD organizations. They now have four highly paid lobbyists, compared to the one lobbyist for ophthalmology. The U.S. Department of Justice wrote a letter against Ophthalmology stating that we were infringing on free trade. The Governor of Massachusetts believes in allowing mid-level practitioners to practice to the full extent of their license to cut healthcare costs. The odds are definitely stacked against us!
- So what’s our strategy?
  - Align with influential allies in the House
  - Know the individuals that control the votes
  - Know the chairs of key committees
  - Personal relationships are key
  - It’s easier to make an ally before they become powerful
  - Be nice to everyone, all the time
  - Have a great lobbyist with long-term ties to the House
  - We put all of our eggs in one basket. Focused on: Speaker of the House, House Majority leader, Chair of House Ways & Means
  - AAO support was critical: Surgical Scope Fund, research and data, strategizing!
  - **Do not let a bill go to a House vote – we will lose!**

## B. Collaboration on Access to Trained Techs

William H. Ehlers, MD – Councilor IJCAHPO

- It is general knowledge that ophthalmic technicians are vital to efficient and high-quality eye care. But the field is full of distinct and sometimes competing providers, often leading to scope of practice conflicts as the players and playing field continues to change. To protect the future of ophthalmic technicians we need to identify and address the current threats to our practices and our eye care teams.
- IJCHAPO was founded over 50 years ago to serve as a trainer and certification agency for technicians. IJCHAPO currently certifies over 27,000 technicians around the world in 22 ophthalmic knowledge and skill domains. Trained and certified ophthalmic technicians are effective and efficient physician extenders with an average of 19 years in ophthalmology and an average of 10 years with their current employer. Technicians as physician extenders ensures they are trained in eye care, cost effective, can increase productivity and cannot practice independently. Highly productive ophthalmologists have an average ratio of 1:3 (MD:Technician.) A VA study confirms higher ratio of techs to MDs increases provider productivity.
- However, there are threats that exist today that need to be addressed, specifically that technicians are not allowed access to tasks that they customarily perform. Various conditions across the U.S exist in these key areas:
  - Eye drop installation (New York and Connecticut)
  - Subjective refraction (California)
  - Surgical assisting (17 States)
  - Previously introduced surgical assisting (not-active) (7 States)
  - Registration to work – Medical Technician (New Hampshire)
- A call to action! Strategies to strengthen the eye care team:
  - Legislative and Regulatory Action
    - Develop partnerships with IJCAHPO and stakeholders – State Ophthalmology Societies
    - Open discussions with CMS to recognize AOP contributions to productivity
    - Take grassroots action to:
      - Educate the decision makers
      - Invite them to your office or ASC
  - Technician Shortage Action
    - Participate in IJCAHPO workforce shortage study
    - Join campaign efforts to create awareness of ophthalmic profession: develop testimonials & profiles of technicians, patients and surgeons (Social media, others)
  - Education, Training and Resources
    - Mentor and support technician education & certification
    - Establish more technician training programs
    - Collaborate with IJCAHPO on recruitment initiatives
    - Promote subscription to online education and training for the entire eye care team
    - Support on-site meetings: AAO & IJCAHPO Annual Continuing Education Program
    - Validation of training & competencies through certification
    - Available resources: AAO, IJCAHPO, ATPO

- For more information:  
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- Kurt Heitman, Secretary for State Affairs, AAO, commented that the Academy is very interested in this topic. He asked state Executive Directors, Councilors and leadership to be aware of this issue, to be on guard, and to report any such removal of access to tasks, so we can continue to have access to trained technicians as should be.

#### C. Cybersecurity CME Program

Renee C. Bovelle, MD – Councilor, Maryland Society

- Dr. Bovelle thanked the Maryland Society of Eye Physicians and Surgeons for selecting her to be a member of the 2018 Leadership Development Program (LDP). Her LDP project focused on the need for cybersecurity education in Maryland. Foremost, why is cybersecurity important? Cybersecurity impacts patient's morbidity and mortality. There were over 2,000 reported cases of death last year due to cyber-attacks and data breaches. If a hospital does not have access to labs, diagnostics and treatments, this can result in morbidity and mortality. An AMA report shows that 80% of physicians have experienced some kind of data breach. The cost associated to a data breach averages \$408 per impacted patient record (based on 10,000 patients at a cost of over four million dollars.) This cost includes fee to repair records, fines associated with HIPPA, new hardware and software, notifying patients, paying for their credit repair/protection, etc. Overall, this impacts your reputation, your revenue and your patient safety. The Health Care Industry Cybersecurity Task Force says the lack of cybersecurity in a public health crisis in the U.S.
- Knowing the impact, Dr. Bovelle conducted a survey with the members of the Maryland Society of Eye Physicians and Surgeons to determine their experience and needs related to cybersecurity protection. Eight questions were asked, here are the responses:
  - 19.57 % suffered a data breach / ransomware attack
  - 66.67 % aware of other practices attacked
  - 89.13 % concerned about future cyber-attacks
  - 76.09 % never took a cybersecurity CME
  - 88.67 % would benefit from cybersecurity CME
  - 82.61 % want tips for good cyber hygiene
  - 67.39 % want to understand HIPAA/HITECH
  - 65.22 % want to know first steps when under a ransomware attack
  - 60.87 % want to know the components of a risk assessment
- The results indicate that the members wanted more cybersecurity education, The solution is that we can be the drivers of cybersecurity by driving best practices for cybersecurity hygiene and making it readily available in an on-demand format and in-person presentations.
- Dr. Bovelle created a Cybersecurity Continuing Medical Education Program for Maryland Ophthalmologists. This project successfully resulted in two CME approved Cybersecurity presentations. Dr. Bovelle delivered a Cybersecurity CME lecture at the MSEPS annual meeting and for several other subspecialty societies. Evidence suggests that this CME program will increase understanding of how HIPAA/HITECH compliance, cyber hygiene, and cybersecurity relates to physicians' and the organization's patient trust, public trust, reputation, patient safety and revenue.

- Anyone interested in learning more about the CME approved presentations may contact Renee Bovel, MD at: [rcbeye@aol.com](mailto:rcbeye@aol.com).

#### D. 2019 CAR Discussion

Moderated by Lynn K. Gordon, MD, PhD – Council Chair, AAO

- Dr. Gordon encouraged Councilors to use this opportune time to present potential Council Advisory Recommendations for discussion:
1. Sharon Taylor, MD – Pennsylvania Academy of Ophthalmology
    - IOL labeling does not include information about the variance or standard deviation of the diopter power. Education about the FDA regulatory process and manufacturing standards of medical devices and implants used in the eye should be developed to raise awareness among members. The Academy could work with industry leaders to voluntarily include the manufacturing variances of IOLs regarding their actual measured power on package labels. The Academy could recommend and lobby for modifications to existing FDA regulation regarding manufacturing practices and required labeling of IOLs.
  2. Sharon Taylor, MD – Pennsylvania Academy of Ophthalmology
    - Per Brad Feldman's presentation today, reimbursement is one of the most important issues members want AAO to address. Suggests a CAR to focus on fighting the reduction of number of E/M codes and welcomes the input and support of other societies.
  - As no further CAR suggestions were put forward, Dr. Gordon asked that each table take 5-6 minutes to discuss possible CARs.
  3. Ed Lim, MD – Connecticut Society of Eye Physicians
    - Dr. Lim supports the statement made earlier that suggests all speakers include their investment in SSF or OPHTHPAC in their Financial Disclosures. Dr. Lim invites other societies to join in this CAR.
  4. Mark Ewald, MD - Tennessee Academy of Ophthalmology
    - Suggest the Academy take an official stance on online refractions. Kurt Heitman was invited to give the Academy's perspective and stated that several years ago the Academy put out a paper on innovative technologies such as online refractions. The Academy does not want laws limiting this technology, but also will not endorse any companies. If a new technology is accurate, increases access to care, and reduces cost, then the AAO should not be against it.
  5. Dave Silbert, MD - Pennsylvania Academy of Ophthalmology (personal suggestion)
    - Referencing the recent shooting in Pennsylvania, states that societies like ours need to take a stance and not have conferences in states that don't have extended background checks and assault weapon bans. We have members coming to halls in states where these weapons are available, and we are at risk.
  - A question was posed by Amjad Hammad, MD, New York State Ophthalmological Society: Hopefully the CARs referred to the BOT will have some action items or change in process. Where are we with feedback?

- o Lynn K. Gordon, MD, PhD, answered: Yes, all CARs sent to the board were presented at the Board meeting and we have tried to communicate results. During the summer webinar we provided updates regarding the CARS and we will review the status of the CARS at the Closing Session today. (Note: CAR updates are also included in the quarterly newsletter.)

III. Adjournment  
Meeting adjourned at 2:05pm