

Academy Notebook

NEWS • TIPS • RESOURCES

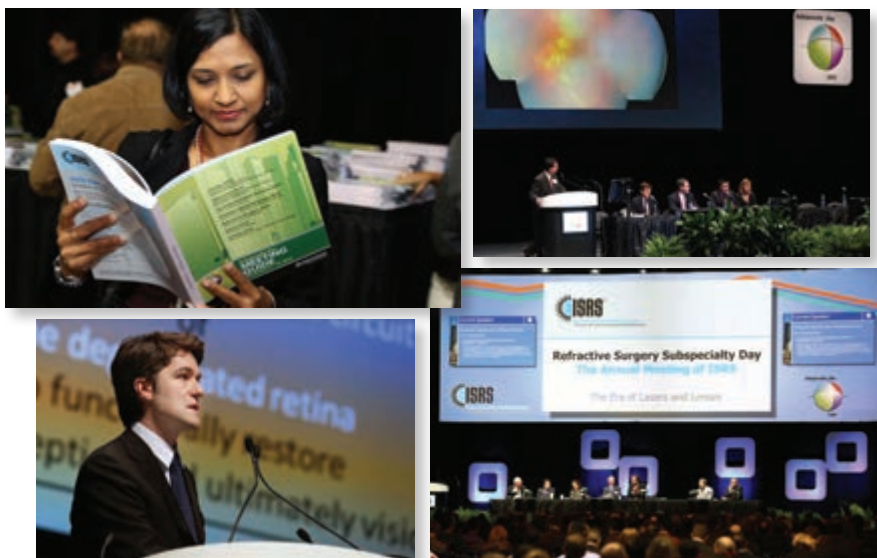
WHAT'S HAPPENING

■ 20 Years of Subspecialty Day

The Academy's Subspecialty Day is celebrating its 20th year of gathering world-renowned faculty to share the latest developments in diagnosis, treatments, breakthroughs, and procedures in various ophthalmic subspecialties. In 1994, the first Subspecialty Day—then called Under Pressure: Glaucoma—featured a one-day course and offered six hours of CME credits. Total attendance was 526. The goal was to provide a comprehensive review of present and future concepts in glaucoma, with an emphasis on practical information that clinicians could put to use in managing their patients. After this meeting, it was clear that other subspecialty areas would benefit from this type of education, as well. Previously, this need was addressed in programs produced by various societies; however, many ophthalmologists expressed an interest in having the Academy provide this type of educational activity.

From 1995 to 2000, programs were offered each year on glaucoma, practice administration, refractive surgery, and retina. Since then, Subspecialty Day has continued to grow; last year, there were more than 8,000 attendees at seven subspecialty programs.

For information about this year's Subspecialty Day meetings, go to www.aaopt.org/2013 and select "Subspecialty Day."



SUBSPECIALTY DAY CONTINUES TO GROW. The Academy's Subspecialty Day program preceding the Annual Meeting has come a long way since its inception—growing from just one glaucoma program with a little more than 500 attendees in 1994 to seven subspecialties and more than 8,000 attendees.

For previews of this year's Pediatric Ophthalmology and Retina meetings, see "Destination New Orleans," page 55.

■ Long-Term Care: Discounted Rates for Members

Recognizing the need for long-term care planning, the Academy has partnered with Long-Term Care Resources and Marsh to offer a comprehensive, members-only long-term care insurance program for members and their spouses, siblings, parents, and parents-in-law. The program features a

portfolio of plans from several highly rated insurance carriers. In addition, the program provides a variety of long-term care products, including 80/20 and indemnity plans, in order to allow for custom-designed policies that fit different needs and budgets. A national network of long-term care specialists is available to explain the costs and benefits of this program to interested members and to discuss the top five long-term care mistakes.

For more information and a free long-term care planning kit, visit www.myltplan.com/aaopt.

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PHYSICIAN COMPARE WEBSITE: Redesign
incorporates Academy-sought changes.

TAKE NOTICE

■ Cataract Surgery: Telling It Like It Is

The Academy is partnering with Robert H. Osher, MD, on his meeting 2014 Cataract Surgery: Telling It Like It Is. This event features experienced presenters and focuses on new technology, challenging cases, and surgical complications. Presentations range from Which IOL Would I Choose? to Minimally Invasive Glaucoma Surgery to a wet lab on Advanced IOL Suturing and Iris Reconstruction Techniques. Now in its fourth year, Dr. Osher's innovative take on this subject matter has attracted more than 400 ophthalmologists and 78 exhibiting companies to the meeting.

Cataract Surgery: Telling It Like It Is takes place Jan. 16-19, 2014, at the Ritz-Carlton in Sarasota, Fla. Register online by Dec. 18, or onsite (based on space availability).

For more information and to register for the meeting, visit www.cstellingtonlikeitis.com.

■ Preferred Practice Pattern Clinical Questions

Preferred Practice Pattern Clinical Questions (PPP CQs) are concise, evidence-based statements on topical subjects to guide clinicians on optimal patient care. PPP CQs are identified annually by various PPP Committee members or subspecialty societies, and are based on Cochrane Reviews, literature reviews, and clinician expertise. Recent clinical question topics include nasolacrimal duct obstruction, IOL implantation in uveitic patients, uveitis and cataract surgery, preoperative control of uveitis, and herpes simplex virus epithelial keratitis.

Posted exclusively on the ONE Network, the PPP CQs are subject to review and Board of Trustees' approval. They differ from the PPPs in scope and focus, homing in on a specific question for clinical management.

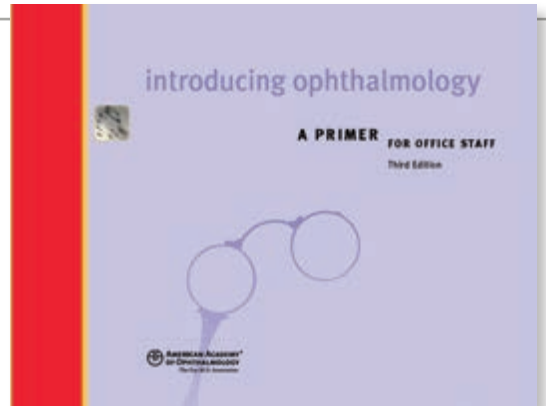
To view, visit www.aaopt.org/one and click "Preferred Practice Pattern Clinical Questions" from the "Practice Guidelines" drop-down menu.

■ FREE DOWNLOAD: Introducing Ophthalmology.

Ensure that your front-office and other nonclinical staff members have a core understanding of ophthalmology with the new edition of *Introducing Ophthalmology: A Primer for Office Staff*. This free, 56-page PDF describes basic ophthalmic concepts

in easy-to-understand language and includes a glossary of common ophthalmic terms and acronyms. In addition, it presents the fundamentals of how an eye exam is performed. Just as important, it discusses office ethics and etiquette.

To download this free resource, visit www.aaopt.org/primer.



■ Ask the Ethicist: Theft of a Prescription Pad

Q: I received a shocking phone call from a pharmacist. She asked me about the recent uptick in my prescriptions for, among other drugs, Xanax, Librium, OxyContin, Amytal, and Ambien. I had no idea what she was talking about, and told her so. To make a long story short, one of my patients, who is part of a whole family of long-term patients, stole one of my prescription pads and was writing prescriptions for herself and others by forging my name. How should I deal with this situation, from the Drug Enforcement Agency (DEA) to the police and to the patient and family? I have never heard of this happening to an ophthalmologist!

A: There is no set procedure for dealing with this specific type of situation, but the Ethics Committee members, the committee legal counsel, and the Ophthalmic Mutual Insurance Company offer the following points as guidance.

- Improper use of a DEA number violates federal and state laws. Physicians must report suspected theft to the federal and state DEA office, as well as to the police.
- Additional reporting duties may vary depending on state law. The state medical board should be able to answer specific questions about regulations and reporting requirements in your state.

- It is a good idea to report the situation to your state medical board, which can help if, in the future, other pharmacies also report an unusual prescribing pattern.
- Begin the process of terminating the physician-patient relationship. Be very clear in the letter to the patient about the reasons for the termination. Be sure to emphasize that the termination is for her alone and does not have an impact on the physician-patient relationships with her family.
- Contact your malpractice carrier. The carrier needs to be aware of the situation in case the patient files a suit for improper termination of the physician-patient relationship, especially if her care is ongoing.

For more information or to submit a question, contact the Ethics Committee staff at ethics@aaopt.org. To read the Code of Ethics, visit www.aaopt.org/ethics and select "Code of Ethics."

■ ESCRS: Visit the Academy Booth

Visit the Academy at Booth F06 during the European Society of Cataract and Refractive Surgeons (ESCRS) XXXI Congress. You can view the latest Academy products, get information about the Academy's 2013 Annual Meeting, and have your membership questions answered. The ESCRS XXXI Congress will be held Oct. 5-9 in Amsterdam.

ACADEMY STORE

■ Demonstrate Your Ophthalmic Coding Competency

Prove that your knowledge of ophthalmic coding is up to date by passing the online OCS Exam. Be confident that you have the coding skills to maximize reimbursements for services your practice provides and to have documentation skills that will stand up against audits. To prepare for the exam, consider *2014 Ophthalmic Coding Series: Essential Topics* (#0120346) and *Specialty Topics* (#0120347V), available for preorder at the Academy store (shipping in October).

For details and to register for the exam, visit www.aaopt.org/ocs.

FOR THE RECORD

■ Proposed Amendments to the 2013 Bylaws

The Board of Trustees recommends the following proposed change to the Academy Code of Ethics. New language is underlined, and deleted words and phrases are indicated by ~~strike-through~~. Only the affected portion of the current document is printed here.

Code of Ethics:

B. RULES OF ETHICS

3. ~~Research and Innovation in Clinical Practice.~~ Research and innovation in clinical practice shall be approved by appropriate review mechanisms to protect patients from being subjected to or potentially affected by inappropriate, ill-considered, or fraudulent basic science or patient-oriented research. ~~Basic science and clinical Research and innovations in clinical practice~~ are conducted to develop adequate information on which to base prognostic or therapeutic decisions or to determine etiology or pathogenesis, in circumstances in which insufficient information exists. Appropriate informed consent for research and innovative procedures must recognize their special nature and ramifications. In emerging areas of ophthalmic treatment where recognized guidelines do

D.C. REPORT: Revamped Physician Compare Website

In June, CMS launched its updated Physician Compare website, incorporating changes to make it easier for Medicare beneficiaries to make informed choices about their health care. The site was created in December 2010 in response to a health care reform law mandate to enhance the agency's online physician directory. It lists demographic, contact, and biographical information for physicians and other health care workers who participate in Medicare.

The revamped site features a more accurate database, additional provider information, and improved search capabilities.

The site also indicates whether a physician has successfully participated in the e-prescribing incentive program and the Physician Quality Reporting System. The revamped site, which includes some key changes sought by the Academy, features a more accurate database, additional provider information, and improved search capabilities.

Database accuracy. CMS overhauled the website in June to address the frustration of practitioners whose information, including phone numbers and office locations, was wrong or outdated. The site updates were based on input from the Academy and other stakeholders—one recommendation was to use Medicare claims data to update and improve the underlying Medicare Provider Enrollment, Chain, and Ownership System (PECOS) database. The claims data are used to verify a practitioner's group affiliation and practice location, and to confirm that only active practitioners are listed. While this can help to ensure that only current information is included, it is still critical for practitioners to keep their PECOS information current so that it is correct on the website.

Better searching. Another enhancement is an intelligent search function. Instead of selecting a specialty from a drop-down menu, users now can search providers by last name, group practice, medical specialty, medical condition, body part, or organ system. For example, consumers can select the head and then choose cataract, vision problems, or glaucoma, to find ophthalmologists in their area. As a result of the Academy's advocacy efforts, the website now lists ophthalmologists and optometrists separately when users search for providers. If the user types in a word associated with both specialties, such as eyeglasses, they then must choose whether they want an ophthalmologist or an optometrist—a pivotal distinction.

While this makes important improvements, the Academy is still aware of issues and will continue to push for ongoing improvements and use of current information.

Visit the revamped website at www.medicare.gov/physiciancompare. To update your PECOS information, visit <https://pecos.cms.hhs.gov>.



not exist, the ophthalmologist should exercise careful judgment and take appropriate precautions to safeguard patient welfare.

■ Notice of Resignation During an Ethics Investigation

At its June 2013 meeting, the Academy's Board of Trustees approved a

recommendation to publish information about an Academy fellow's resignation.

Jerald Tennant, MD, of 19901 Valley Ranch Parkway East, Irving, Texas, resigned effective April 29, 2013. A challenge pursuant to the Code of Ethics was pending at the time of the resignation.