

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

This Year's Laureate: Steven T. Charles, MD

The Board of Trustees of the Academy is proud to announce **Steven T. Charles, MD**, as the recipient of the 2018 Laureate Recognition Award. Dr. Charles is currently a clinical professor at the University of Tennessee and runs the Charles Retina Institute, an internationally recognized clinic performing both retinal treatment and research.

The road to success. From a young age, Dr. Charles defined himself by commitment to his 3 T's: technique, technology, and teaching. After attending university for engineering, Dr. Charles enrolled in medical school in 1965 at the University of Miami, where he conducted research at the fledgling Bascom Palmer Eye Institute under the guidance of Edward W.D. Norton, MD. He then accepted a medical internship and residency in ophthalmology at Jackson Memorial Hospital in Miami, and in 1973, he served as a clinical associate at the National Eye Institute. A retina specialist, Dr. Charles has since dedicated himself to improving patients' lives and to innovating ophthalmologists' practices in the field of retina.

Efforts rewarded. Through a combination of his own expertise and collaboration with others, Dr. Charles



ACADEMY LAUREATE: STEVEN T. CHARLES, MD. *The Laureate Recognition Award honors physicians who have made the most significant contributions to ophthalmology leading to the prevention of blindness and restoration of sight worldwide.*

has played a major role in developing countless surgical techniques, including endophotocoagulation, fluid-air exchange, forceps membrane peeling, and linear suction, to name a few. Accordingly, he has more than 100 issued or pending patents. Dr. Charles is both the founder of MicroDexterity Systems, which developed robots to aid in spine surgery and minimally invasive knee and hip replacements, and the cofounder of CamPlex, a company pioneering advanced visualization technology for neurosurgery and the treatment of head and neck cancers.

Dr. Charles is most proud of his work at Alcon Laboratories, where he served as principal architect for the Accurus Surgical System and Constellation Vision System. These systems, through Dr. Charles' innovative techno-

logical design and through his willingness to train other ophthalmologists, have revolutionized vitreous surgery worldwide.

A life of achievement. In addition to creating many new surgical techniques and technologies, Dr. Charles has performed over 37,000 vitreoretinal surgeries, lectured in 50 countries, delivered 17 named lectures, and embarked on more than 1,000 speaking trips. He has authored more than 170 articles and 50 book chapters. His *Vitreous Microsurgery*, a leading textbook in the field, is in its fifth edition and has been published in 6 languages.

Honored in Chicago. In recognition of Dr. Charles' contributions to ophthalmology, the Academy will honor him as the 2018 Laureate during the Opening Session of AAO 2018 in Chicago.

At AAO 2018, read an interview with Dr. Charles about his life and accomplishments in *AAO 2018 News*, a convention tabloid distributed onsite.

Annual Business Meeting

Notice is hereby given that the Annual Business Meeting of the American Academy of Ophthalmology will be held Sunday, Oct. 28, from 8:30-10:30 a.m. in Room E354 at the McCormick Place Convention Center in Chicago. Candidates for membership will be approved during this meeting.

For the full list of names, visit aao.org/member-services/candidates. To see the full order of business, refer to the "Opening Session" page of the *Meeting Program*.



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TAKE NOTICE

The Foundation's 2017-2018 Annual Report

In the field of eye health, the Academy leads the way. Last year was yet another success, in large part because of our members' generosity and dedication to our mission. Read the Foundation's latest annual report to learn about the impact of our key initiatives during the 2017-2018 fiscal year, including the following:

- The IRIS Registry reached 200 million patient visits, collecting data that can profoundly improve patient care.
- The Education Distribution Project provided textbook donations to ophthalmologists in places such as Cameroon, the Ukraine, and South Africa.
- EyeCare America referred more

than 8,000 medically underserved seniors and others at increased risk for eye disease to our dedicated volunteer ophthalmologists.

- The Ophthalmic News and Education (ONE) Network launched the David E.I. Pyott Glaucoma Education Center in fall of 2017. This center was made possible by a \$2 million gift from David E.I. Pyott, CBE, MD(Hon).
- Stanley M. Truhlsen, MD, pledged \$4 million in matching funds to build a new home for the Museum of Vision.

View the report at aao.org/foundation.

Stay Current With @AAOjournal

Use Twitter to keep up with the latest research from *Ophthalmology*, *Ophthalmology*

Retina, and the Academy's newest peer-reviewed journal, *Ophthalmology Glaucoma*. Every day the journals post new content, including articles in press, clinical images, thought-provoking editorials, and new issue alerts.

Follow the journals today @AAO-journal or <https://twitter.com/AAO-journal>.

Urgent MIPS Notice—Get Started on Your 90-Day Performance Periods

Under the Merit-Based Incentive Payment System (MIPS), you will be evaluated on up to 4 performance categories. Two of these—promoting interoperability and improvement activities—each have a performance period that must be at least 90 consec-

EYECARE AMERICA PATIENT STORY

My Vision Was Limiting My Life

The Academy's EyeCare America (ECA) program has helped nearly 2 million people since its inception in 1985, and it is one of the largest public service programs in American medicine. Approximately 2,000 of ECA's current volunteers have been with the program since it began and will, naturally, be retiring, thus reducing access to care for underserved populations. To mitigate this, the Academy urges the next generation of members to participate in ECA. The commitment is minimal—ECA volunteers see only 2 to 4 patients on average per year.

Patient story. "By the time I was 13 years old, I had spent so much unprotected time in the sun that my doctor made me wear wrap-around dark sunglasses to protect my eyes from further damage. For the next 50 years, I've had to depend on wearing eyeglasses to get around. Recently my vision became so much worse that even eyeglasses were no longer helping. I could no longer see the keys to play the piano or putter in my garden, one of my favorite pastimes.

"My niece found ECA online and emailed me the link to pass on to my sister, her 78-year-old mother. My vision had become so limited that I decided to see if I was eligible for eye care as well. Every extra penny I have goes to paying bills and just getting by. I had nothing extra to pay for an eye exam, let alone any follow-up care I might need. EyeCare America made this process so easy; the office even sent me a reminder with directions to my appointment.

"Dr. Conley was amazing. He restored my sight by



FAMILY TIME. With renewed vision, patient Betty White can more easily spend time doing various activities with her son and grandson.

removing my cataracts. The surgery was pain-free and so successful that I still can't get used to not reaching for my eyeglasses. Thank you, EyeCare America, for caring about people like me. I worked hard all my life on rotating shifts in factories. My vision was limiting everything I did. I'm now back to playing the piano, gardening, and seeing my son and grandson more clearly."

Ryan P. Conley, DO, on ECA. "Serving others is always a blessing, and I'm thankful for the opportunity to provide patients with the eye care they so desperately need. The Eye Care America program has filled an important health care gap for these patients, and we're proud to help further the program's mission here in our community."

Sign up to volunteer at aao.org/volunteer.

utive days and that must be completed no later than Dec. 31, 2018. (For the other 2 performance categories—quality and cost—the performance period is the full calendar year.)

Score 100% for improvement activities. All ophthalmologists should be able to max out their score for the improvement activities performance category, which would be enough to avoid the MIPS payment penalty.

To perform promoting interoperability measures, you need an electronic health record (EHR) system. The promoting interoperability performance category evolved out of the EHR meaningful use program. (In the first year of MIPS, this performance category was known as advancing care information. CMS changed the name in April.)

How to start. Visit aao.org/medicare for detailed descriptions of the promoting interoperability measures and the 24 improvement activities that are most relevant to ophthalmology. You also can visit aao.org/eyenet/mips-manual-2018 to download EyeNet's 60-page MIPS manual, which includes at-a-glance lists that link to those detailed descriptions.

Don't delay. Do not wait until the last moment (Oct. 3) to start performing improvement activities and promoting interoperability measures. An earlier start will provide you with some leeway if you run into difficulty with your MIPS procedures. Once you have completed your performance period, you can use the IRIS Registry web portal to manually attest to your performance. Note: The performance period for promoting interoperability does not have to start on the same day as the performance period for improvement activities.

What about the 12-month performance periods? The performance periods for quality and cost started on Jan. 1. If you met the deadlines for integrating your EHR system with the IRIS Registry, quality measure data will be extracted from your EHR; once the performance year is over, the IRIS Registry will select and report the measures that should provide you with your highest quality score. The next best option would be to manually report quality measures via the IRIS Registry

D.C. REPORT

Big Changes Proposed for E&M Documentation in 2019

The Academy is anxiously awaiting the final fee schedule rule for 2019, which the Centers for Medicare & Medicaid Services (CMS) is likely to release in October or early November. One of CMS' biggest proposed changes for next year is a simplified, single-tiered approach to both documentation and payment when using the level 2 through 5 E&M codes.

What does this mean for reimbursement? The Academy's health policy experts believe that practices that bill for E&M levels 4 and 5 would receive lower payment under the proposed plan, but they could instead opt to bill using existing Eye visit codes. This change would primarily affect some of ophthalmology's subspecialists.

Payment under CMS' 2019 proposed plan would be between a level 3 and 4 code: \$135 for a new patient and \$93 for an established patient. By comparison, a current level 4 new-patient E&M code pays on average \$167; an established patient, \$109.

More options for documenting an E&M visit. One intent of the proposed change is to reduce the documentation burden. While the exact details aren't yet known, it is proposed that you could 1) continue to use the current framework for documenting E&M visits (i.e., include history, exam, and medical decision-making) or use either 2) medical decision-making or 3) time to demonstrate the scope of the visit.

A minimum standard of documentation for E&M codes. Under the proposed regulations, those who bill E&M codes levels 2 through 5 should note the following:

- If you continue to use the current framework, documentation would need to meet or exceed the 2018 level 2 requirements for the history, exam, and medical decision-making.
- If you decide to use medical decision-making alone, you would need to meet or exceed the documentation that is currently required for that component of a level 2 E&M visit.
- If you plan to document time, stay tuned: CMS is still determining how much face-to-face time would be needed to support use of these codes.

web portal. For the cost measures, you don't have to report anything; CMS will evaluate you based on claims data.

MIPS: Sign Up for the IRIS Registry Portal by Oct. 31

The IRIS Registry is ophthalmology's tool of choice for reporting the Merit-Based Incentive Payment System (MIPS). You can use the IRIS Registry web portal to manually report quality measures, promoting interoperability measures, and improvement activities.

Who needs to sign up? If you reported MIPS via the IRIS Registry web portal in 2017, you do not have to sign up anew in 2018. If you have already signed up for IRIS Registry/EHR integration, you do not need to

sign up separately for the web portal.

Visit aao.org/iris-registry and click "Sign up."

ACADEMY RESOURCES

BCSC Self-Assessment

There is a new tool for residents and practicing ophthalmologists: the *Basic and Clinical Science Course (BCSC)* Self-Assessment Program. It includes 1,000+ questions to help identify knowledge gaps, and each answer provides a thorough discussion, excerpts from the BCSC, and complete references. This activity has been approved for AMA PRA Category 1 Credit.

Learn more at store.aao.org/bcsc-resident.