

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

A New Generation of Physician Advocates

More than 175 residents and fellows (see photo) participated in the Academy's Advocacy Ambassador Program at the 2018 Mid-Year Forum in Washington, D.C. After being prepped on the issues, and with seasoned physicians as mentors, they visited the offices of their legislators to advocate for their patients and their profession.

Bringing advocacy home. During a debriefing session, they shared their experiences on Capitol Hill and discussed how to engage in advocacy at the state level and within their state ophthalmology societies.

A Mid-Year Forum session tailored for members in training. Many of the Advocacy Ambassadors also attended LEAP Forward, an event developed to support ophthalmologists who are starting their careers. It featured interactive panels on leadership, engagement, advocacy, and practice management.

A supportive coalition. Many of this year's Advocacy Ambassadors attended thanks to the support of sponsoring organizations. "I very much appreciate KSEPS [Kansas Society of Eye Physicians and Surgeons] supporting my attendance," said Michael J. Gilbert, MD, who is now a third-year resident



MERON HAILE, MD, IS THE FIRST COPELAND FELLOW. Dr. Haile pictured (in green, in the front row) with the other Advocacy Ambassadors at the Mid-Year Forum. She was selected to be the inaugural Copeland fellow by the National Medical Association–Ophthalmology Section and the Academy's OphthPAC Committee.

What is the Copeland Fund? Until his unexpected death on April 11, 2016, Robert J. Copeland Jr., MD, stressed the impact of advocacy on patient care. To honor his accomplishments and dedication to education, the Academy created the Robert J. Copeland Jr., MD Advocacy Education Fund, which covers the expenses for 1 resident to attend the Mid-Year Forum.

at the University of Kansas. "I saw a very different side of ophthalmology than I am used to seeing from day to day in residency, and it was a great opportunity to network with both practicing ophthalmologists and fellow residents." In addition to KSEPS, 34 other state ophthalmology societies, 12 subspecialty and specialized interest societies, and several training programs sponsored residents and fellows to attend the Mid-Year Forum and Congressional Advocacy Day.

Advocate! At aao.org/advocacy, click "Get involved." Also, stay on top of the issues with *Washington Report Express*, emailed to you each Thursday.

publish its inaugural issue of *Ophthalmology Glaucoma* later this summer.

If you care for glaucoma patients, look out for this new peer-review journal. *Ophthalmology Glaucoma's* original articles cover new approaches to diagnosis, innovations in pharmacological therapy and surgical technique, and basic science advances that impact clinical practice.

Coming soon. It will be issued 3 times in 2018 and will be issued bimonthly thereafter, starting with the January/February 2019 issue.

Submit your research today. Glaucoma is a booming field for research, and the launch of *Ophthalmology Glaucoma* expands the publishing opportunities for the subspecialty's clinician-scientists. Submit your research at www.evis.com/profile/#/OGLA/login. For any submission questions, please contact aaojournal@aao.org.

TAKE NOTICE

New Glaucoma Journal

The Academy, in collaboration with the American Glaucoma Society, will



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Aug. 1 Deadline for IRIS Registry/EHR Integration

Stressed about the Merit-Based Incentive Payment System (MIPS)? The least onerous way to report quality measures is to integrate your electronic health record (EHR) system with the IRIS Registry. If you haven't already done that, you may do so this year if:

- you registered for IRIS Registry/EHR integration by June 1, 2018, or
- you had previously registered for the IRIS Registry web portal and then notified the IRIS Registry vendor (FIGmd) by June 1, 2018, that you wanted to migrate to IRIS Registry/EHR integration.

In addition, you must complete the integration process by Aug. 1, 2018. To meet this deadline, you must be actively involved in the process and respond promptly to emails from FIGmd.

The IRIS Registry is your 1-stop shop for MIPS reporting. You also can use the IRIS Registry to manually attest to promoting interoperability (formerly advancing care information) measures and improvement activities, and—if you aren't able to report quality via IRIS Registry/EHR integration—manually enter data for quality measures.

Free for members. Why pay fees to your EHR vendor for MIPS reporting and consulting? The IRIS Registry and the MIPS support are free member benefits for U.S. Academy members and their nonophthalmologist staff.

Learn more at aao.org/iris-registry.

ACADEMY STORE

Managing a Retina Practice? This Webinar Is for You

Next month, attend a 60-minute webinar that focuses on financial planning and efficient management in the retina practice. In addition to the live event, a recording will be available to you online at no extra charge.

When. Wednesday, Aug. 22 (11:00 a.m.-noon, PDT).

Learn more about the webinar and register now. Visit <https://store.aao.org/practice-management.html> and select “Webinar” to view a course description and learning goals. Prices are reduced if you purchase more than 1 practice management webinar at the same time.

D.C. REPORT

With HHS Focusing on Value-Based Payment, IRIS Registry Could Be Key

As Health and Human Services (HHS) Secretary Alex M. Azar II has signaled a more aggressive push toward value-driven health care, the Academy's IRIS Registry could prove critically important. Speaking at the American Hospital Association's annual meeting, Mr. Azar forecasted a greater emphasis on health and outcomes, rather than on sickness and procedures. “Even as this transformation is going on, we believe it needs to accelerate,” he said.

Four goals. To build “a system that delivers value,” Mr. Azar wants HHS officials to focus on 1) maximizing the promise of health information technology; 2) improving transparency in price and quality; 3) pioneering new models in Medicare and Medicaid; and 4) removing government burdens that impede care coordination.

Change is likely to continue on its current trajectory. Medicare took a significant step away from a volume-based payment system when, in 2015, Congress adopted the Medicare Access and CHIP Renewal Act (MACRA). Today, pay for value—instead of volume—is the driving motivator for HHS. This is seen in MACRA's reliance on alternative payment models (APMs). The Merit-Based Incentive Payment System (MIPS) is MACRA's fee-for-service alternative to APMs. Even if Congress opts to replace MIPS with another model, a form of value-based purchasing would remain in place. And because eye care's Medicare patient population is one of specialty medicine's largest, any further moves toward a value-driven system will affect ophthalmologists more than most.

IRIS Registry can play a key role. The Academy created the IRIS Registry in 2014 in part to provide our profession with meaningful, immediate performance feedback, which can help you improve the value of your care.

Today, the IRIS Registry (aao.org/iris-registry) enables you to succeed amid changes to the health care system. It can substantiate the value of your services, and it can help you seamlessly meet federal requirements in a value-based physician payment system.



HHS GOALS. In recent speeches, Mr. Azar has prioritized “the transformation of our health care system into one that pays for value.”

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