



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®

## Council Advisory Recommendations - 2022

- 2022-01: Support of State Societies through Codequest
- 2022-02: Improving Diversity Within the Ophthalmic Workforce
- 2022-03: Allied Ophthalmic Personnel (AOP) Workforce Shortage

## **Support of State Societies through Codequest**

Council Advisory Recommendation: 22-01

### **Problem Statement:**

New AAO online national virtual programming on CPT coding including the one-hour 2022 Ophthalmology Coding Update co-taught by Sue Vicchilli and the 3 hour 2022 Fundamentals in Ophthalmology Coding taught by Joy Woodke is competing with local state society presentations of CODEQUEST. At the same time, the change in AAO fee structure for CODEQUEST has increased the total costs to many state societies. These combined changes will financially damage many state societies.

### **Summary of Facts and Background Information:**

Many, if not most, of the valuable services provided by state societies, benefit all of their state's ophthalmologists whether they are members or not. Advocacy to defend the profession and patient safety in the areas of scope of practice, regulation of practice and reimbursement by state and private payors benefit all. Because of this, state societies almost universally struggle with maintaining membership and the revenue streams necessary to serve their vital roles to the profession.

The modalities available for providing education for ophthalmologists as well as their staff have forever changed following the COVID pandemic. The ready availability of virtual education platforms for ophthalmologists has been both a benefit as well as a challenge for the annual meetings that many state societies sponsored. There is no turning back in this regard. Historically, however, state societies have benefitted and depended upon local presentations (or during COVID, state society co-sponsored virtual presentations) of the AAO's CODEQUEST program as a revenue generator and also as a member benefit to entice ophthalmologists to join their societies. We applaud Sue Vicchilli's laudable work and years of service to AAO in the areas of coding and billing and recognize that she has built a brand that is trusted and highly sought after by the ophthalmology community. Including Ms. Vicharelli in the AAO's online courses but not in all the state society CODEQUESTs further places those state society courses at a competitive disadvantage. While we are confident that CODEQUEST will continue to have high value content, some of which may be state specific, we are concerned that many ophthalmologists will simply take the less expensive AAO course being provided this year, with their appropriate staff auditing along side them, and will no longer attend or send their staff to their state society's CODEQUEST programs. The AAO's virtual coding program this year is now in direct competition with the state societies, which it had previously very successfully partnered with. Further, if the member discount for attending CODEQUEST was their driving force to join the state society, they may drop membership altogether.

The fee structure for the most recent previous in person CODEQUEST was \$2500.00 per presentation plus \$42.00 per participant in addition to travel expenses for the speaker. Discounts were given for additional presentation days. The current fees are \$5500.00 per presentation without discount for additional days and additional fees if more than 200 participants. This results in a significant increase in costs in addition to the competition for attendees.

**Possible Solutions:**

- A. The exact impact of these concerns for 2022 are unknowable at this time, but the academy should not wait until comprehensive 2022 CODEQUEST programming impact to state societies can be obtained before modifying 2023 and future planning to remedy these concerns.
- B. The academy should stop offering its competing independent virtual coding courses.
- C. At the very least, the academy could limit its virtual coding seminars to a time following all of the State Society partnership CODEQUEST courses for the year and limit it to those associated with AAO in person meetings.
- D. The academy courses should provide unique content and clearly indicate/advertise the differences in the programming to make the partnership CODEQUEST courses more appealing and comprehensive and therefore more attractive to ophthalmologists and their practices.
- E. All AAO notifications and advertising for coding seminars should include advertising for local CODEQUEST offerings side by side.
- F. AAO should further subsidize local CODEQUEST courses to decrease the costs to state societies and the subsequent risks of partnering with AAO for this content and programming.
- G. AAO should continue to search for and develop other meaningful ways to assist state societies in bolstering membership and remaining financially viable while endeavoring to avoid creating circumstances that undermine these goals.

**Submitted by:**

Sharon L Taylor MD, – Councilor, Pennsylvania Academy of Ophthalmology

Society Name: Pennsylvania Academy of Ophthalmology

Date Board Approved This CAR:1/17/2022

Additional Submitters:

Robert L. Bergren, MD – Councilor, Pennsylvania Academy of Ophthalmology

David Silbert, MD – Councilor, Pennsylvania Academy of Ophthalmology

**Additional Society Sponsors:**

Virginia Society of Eye Physicians and Surgeons – Feb 1, 2022

Arkansas Ophthalmological Society – Jan 31, 2022

Delaware Academy of Ophthalmology – Feb 7, 2022

Utah Ophthalmology Society – Feb 3, 2022

California Academy of Eye Physicians and Surgeons – January 30, 2022

New Jersey Academy of Ophthalmology – February 4, 2022

## **Improving Diversity Within the Ophthalmic Workforce**

Council Advisory Recommendation: 22-02

### **Problem Statement:**

Racial and ethnic disparities in eye care utilization and vision outcomes in the US are pervasive and affect every field of ophthalmology. Census data from 2020 shows the US is more racially and ethnically diverse than ever before with underrepresented minorities (URM), defined as individuals who identify as Black/African American, Hispanic/Latino, Native American, and Native Alaskan, Native Hawaiian or Pacific Islander, accounting for one-third of the U.S. population. At the same time, the specialty field of ophthalmology is lacking in workforce diversity, with only 6% of practicing ophthalmologists in academic settings being from URM backgrounds. Addressing solutions to improving workforce diversity, eliminating disparities in eye care access and delivery, and providing the highest quality of care to all Americans should be a priority for our specialty.

### **Summary of Facts and Background Information:**

- URM make-up nearly 33% of the US population (1) but only 6% of the ophthalmic workforce (2)
- Data from the American Association of Medical College demonstrates that the number of black men, and individuals of Native American and Alaskan Native descent entering medical school has declined in the last 40 years (3)
- A recent study by Fairless and colleagues demonstrated that there is less racial and ethnic diversity in ophthalmology faculty compared to graduating medical students, and ophthalmology is the third least diverse specialty compared to 17 other clinical specialties (with only radiology and orthopedic surgery being less diverse) (4)
- There is also a lack of diversity with respect to the leadership within academic centers (5), national ophthalmology organizations, subspecialty societies, ophthalmology honor societies, recognition opportunities and awards, and podium speakers at ophthalmology meetings
- In academic medical centers, URM assistant and associate professors are less likely to be promoted than non-URM peers (6)
- The benefits of a diverse workforce are numerous and result in improved patient access and care, stronger community building and engagement, increased business success, heightened population health, and increased innovation. Additionally, URM ophthalmologists are also more likely to practice in underserved areas (1).
- Racial and ethnic disparities in ophthalmology with regard to eye care utilization and outcomes are pervasive and well-documented in the literature for numerous eye diseases include glaucoma, diabetic eye disease, and cataract
- Structural racism and discrimination are major causes of health disparities in the U.S.
- URM patients are underrepresented in clinical trials (7,8)

-The reporting of race/ethnicity in the ophthalmology literature is highly variable with inconsistent use of terminology (9)

#### References:

- (1) US Census 2020. Accessed January 20, 2022. Race and ethnicity in the United States: 2010 Census and 2020 Census. <https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html>. Accessed Jan 20, 2022.
- (2) Xierali IM, Nivet MA, Wilson MR. Current and Future Status of Diversity in Ophthalmologist Workforce. *JAMA Ophthalmol* 2016;134:1016-23.
- (3) Morris D, Gruppuso PA, McGee HA, Murillo AL, Grover A, Adashi EY. Diversity of the national medical student body-four decades of inequities. *N Engl J Med* 2021;384:1661-1668.
- (4) Fairless EA, Nwanyanwu KH, Forster SH, Teng CC. Ophthalmology Departments Remain Among the Least Diverse Clinical Departments at United States Medical Schools. *Ophthalmology*. Aug 2021;128(8):1129-1134. doi:10.1016/j.ophtha.2021.01.006
- (5) Dotan G, Qureshi HM, Gatton DD. Chairs of United States Academic Ophthalmology Departments: A Descriptive Analysis and Trends. *Am J Ophthalmol*. Dec 2018;196:26-33. doi:10.1016/j.ajo.2018.08.016.
- (6) Xierali I, Nivet M, Syed Z, Shakil A, Schneider D. Recent Trends in Faculty Promotion in U.S. Medical Schools: Implications for Recruitment, Retention, and Diversity and Inclusion. *Acad Med* 2021;96:1441-1448.
- (7) Allison K, Patel Deepkumar DG, Greene L. Racial and ethnic disparities in primary open-angle glaucoma clinical trials: a systematic review and meta-analysis. *JAMA Netw Open* 2021;4:e218348.
- (8) Berkowitz S, Groth S, Gangaputra S, Patel S. Racial/ethnic disparities in ophthalmology clinic trials resulting in US Food and Drug Administration drug approvals from 2000 to 2020. *JAMA Ophthalmol* 2021;138:628-637.
- (9) Moore, D. Reporting of Race and Ethnicity in the Ophthalmology Literature in 2019. *JAMA Ophthalmology* 2020;138:903-906.

#### Possible Solutions:

The National Medical Association ophthalmology section proposes the following solutions and seeks to collaborate with the AAO, Association of University Professors of Ophthalmology (AUPO), American Board of Ophthalmology (ABO), subspecialty societies, the Accreditation Council for Graduate Medical Education, and the National Eye Institute:

-Add diversity, equity and inclusion (DEI) as a searchable track and offer DEI as a one-hour poster theater session for the Annual AAO meeting

- Support the creation of a standard resident curriculum on the topic of DEI, health disparities, and social determinants of health (SDOH) for residents
- Support the creation of more CME-courses on the topics of DEI, health disparities, and SDOH for practicing ophthalmologist
- Continue to support incorporation of DEI topics for ABO board certification and maintenance of certification
- Support creation of unconscious and implicit bias training for residents, practicing ophthalmologists, and all faculty involved in resident selection or search committees
- Encourage ophthalmology programs to adopt more holistic approaches to screening residency and fellowship applications
- Support the development of resources to help residency programs and state societies perform outreach to engage middle, high school and college URM students to gain exposure to ophthalmology
- Create an online tool-kit for state societies and resident programs to use to provide middle, high school and college students early exposure to ophthalmology
- Create diversity travel grants for URM residents to attend the annual AAO meeting
- Work with subspecialty societies to support existing and create new programs that provide mentoring of URM residents and support residents attending and presenting at subspecialty days
- Create an AAO and AUPO leadership development program for URM ophthalmologists or ensure diversity of participants in existing programs
- Improve data collection on optional reporting of race/ethnicity for AAO members, residency and fellowship programs
- Provide additional support for medical students from historically black medical colleges with no ophthalmology departments to have the opportunity through travel grants to perform clinical electives at external ophthalmology training centers
- Increase the diversity of speakers at the podium at the annual AAO meeting, subspecialty days, and in leadership positions within the AAO and subspecialty societies
- Encourage the standardization of reporting of ethnic and racial demographic data in the ophthalmology literature
- Provide grant opportunities for research focused on solutions to eliminate health disparities as well as for URM faculty
- Advocate to increase URM enrollment in clinical trials, in particular for eye diseases which disproportionately affect URM patients like glaucoma and diabetic retinopathy
- Work with Ophthalmology training programs to change their care model for those that delineate ophthalmologic care and apportion it differently between racial groups. This is “separate but (un)equal”

care and access, perpetuates systemic inequities of health care access and quality, and demonstrates to learners that this model is acceptable and therefore encouraged to continue in their future practices.

-Hire a trained DEI consultant and ultimately a permanent DEI officer as a member of leadership of each organization to work with the AUPO and AAO in particular to assess the current state of DEI initiatives in both enterprises, and work towards the implementation of the above proposed ideas and to liaise with other Ophthalmology groups.

**Submitted by:**

Daniel Laroche MD – Councilor, National Medical Association, Ophthalmology Section

Society Name: National Medical Association, Ophthalmology Section

Date Board Approved This CAR: 2/1/2022

**Co-Sponsored by:**

New York State Ophthalmological Society 1/25/2022

Association of the University Professors of Ophthalmology 1/26/2022

Cornea Society 1/27/2022

Maryland Society of Eye Physicians and Surgeons 1/27/2022

Pennsylvania Academy of Ophthalmology 1/28/2022

Georgia Society of Ophthalmology 1/31/2022

Macula Society 2/2/2022

American Association of Ophthalmic Oncologists and Pathologists 2/2/2022

Women in Ophthalmology 1/31/2022

North Carolina Society of Eye Physicians and Surgeons 2/4/2022

American Glaucoma Society 2/20/2022

## **Allied Ophthalmic Personnel (AOP) Workforce Shortage**

Council Advisory Recommendation: 22-03

### **Problem Statement:**

Ophthalmologists worldwide report a workforce shortage and challenges in the recruitment, hiring, and retention of Allied Ophthalmic Personnel (AOP). In the United States and Canada, ophthalmologists anecdotally have reported technician shortages over the last several years. However, a critical issue is that there are no data or documented evidence in the ophthalmic profession to support the perceived workforce shortage, and there are no supporting hard data on the demographics or gaps on workforce shortages.

### **Summary of Facts and Background Information:**

Allied health personnel workforce shortage and candidate recruitment shortfalls have been ongoing problems in most medical specialties, including ophthalmology, since the late 1960s, when the American Medical Association (AMA) helped medical specialties establish allied health personnel professions. In 1969, one of the driving forces to establish the Joint Commission on Allied Health Personnel in Ophthalmology, "JCAHPO", was the need to expand the eye care workforce due to a shortage of ophthalmologists and ancillary staff. Leadership by AMA, six ophthalmology organizations, and ophthalmologists formed JCAHPO (now IJCAHPO) as a 501(c)(3) nonprofit organization with the mission to expand the workforce, establish ophthalmic training programs, provide accreditation of academic training programs, deliver education and skill-based training, and assess and evaluate the knowledge and skill through certification examinations.

The Bureau of Labor Statistics (BLS)\* projects that, between 2014 and 2024, 20 of the 30 fastest-growing occupations will be in health care, encompassing four of the top five occupations. The BLS projections estimate that nearly 6.5 million health care workers will be needed in the United States, with 128,000 AOP needed. At present, there are 31,000 IJCAHPO certified-AOP with an estimated workforce total of 48,000 ophthalmic assistants.

Today, the workforce shortage and the access to a qualified, well-trained eye care workforce is a critical concern. AAO and IJCAHPO have collected data in the U.S. and Canada which shows that the optimal average ratio of ophthalmologists to technicians is 1:3. With 19,000 ophthalmologists in the U.S. and 1,200 in Canada, there is an immediate need of 57,000 and 3,600 ophthalmic technicians, respectively.

Healthcare worker shortages, compounded by the loss of large numbers of highly skilled AOP through aging and retirement, are significant barriers to ophthalmology's ability to keep pace with the growing demand. These challenges undermine our ability to provide safe, efficient, and quality healthcare. To meet the demand, the ophthalmology field must:

- Attract new talent pools with the right education, skills, and credentials.
- Develop competent, skilled staff who will keep pace with healthcare advances.



- Retain skilled AOP.
- Increase workforce training capacity.

To develop a plan or even make recommendations for remediation, a workforce shortage survey is essential to verify and determine the magnitude of the problem.

### **Possible Solutions:**

IJCAHPO gathers some workforce data; however, the data is heavily reliant on certified personnel and their employers. A workforce needs assessment is essential to grasp the entirety and complexity of the AOP workforce. A study is important, and the following steps will provide vital needs assessment data:

- Develop a concise workforce data instrument to survey ophthalmologists on the current workforce status and needs, and future employee needs for ophthalmic technicians.
- Engage the AAO State Societies to partner with IJCAHPO by surveying their membership which will provide grassroots data and evidence of the workforce needs.
- Report the data to the ophthalmology profession, which will likely lead to identifying potential steps that will positively impact the workforce shortage and the ability to recruit new employees.

Additionally, the survey will identify the following:

- The number of ophthalmic technicians currently practicing in the eye care field.
- The number of potential technicians needed by ophthalmologists and practices.
- Where the technicians are currently located and working.
- Where the workforce shortage is greatest (geographic location).
- Regional differences in practice protocols, size, and compensation.
- COVID-19's impact on the ophthalmic profession (those leaving vs. those entering to seek a career change).
- The impact of telemedicine on technician shortages.

In conclusion, worldwide data points on the AOP shortage are vitally important in the growing need to provide quality eye care, the increasing need for access to health care professionals, increasing efficiencies, and delegation of appropriate tasks to qualified eye care professionals. Anecdotal comments are insufficient. Hard data is necessary to develop a sound informed plan to address the workforce shortage, and a survey will provide it. Additionally, this study will also be of importance in gathering data on the current change that is taking place in workforce empowerment, including a more critical assessment of workplace risks and rewards.

\*Source: US Department of Labor, Bureau of Labor Statistics. Employment Projections program: Table 1.3, Fastest Growing Occupations, 2014 and Projected 2024.

**Submitted by:**

Richard C Allen MD PhD – Councilor, Intl Joint Commission on Allied Health Personnel in Ophthalmology

Society Name: Intl Joint Commission on Allied Health Personnel in Ophthalmology

Date Board Approved This CAR: 1/18/2022

**Additional Society Sponsorship/Board Approval Date:**

Minnesota Academy of Ophthalmology: January 20, 2022

Nebraska Academy of Eye Physicians and Surgeons: January 24, 2022

Tennessee Academy of Ophthalmology: January 24, 2022

Texas Ophthalmological Association: January 24, 2022

Utah Ophthalmology Society: January 27, 2022

Indiana Academy of Ophthalmology: January 24, 2022

Kentucky Academy of Eye Physicians and Surgeons: January 25, 2022

New York State Ophthalmological Society: January 25, 2022

North Carolina Society of Eye Physicians & Surgeons: January 26, 2022

American Ophthalmological Society: January 26, 2022

Association of University Professors of Ophthalmology: January 26, 2022

Society of Military Ophthalmologists: January 27, 2022

Florida Society of Ophthalmology: January 27, 2022

Michigan Society of Eye Physicians and Surgeons: January 27, 2022

Washington D.C. Metropolitan Ophthalmological Society: January 27, 2022

Oregon Academy of Ophthalmology: January 27, 2022

Eye and Contact Lens Association: January 28, 2022

American Society of Ophthalmic Plastic and Reconstructive Surgery: January 28, 2022

Arizona Ophthalmological Society: January 28, 2022

Connecticut Society of Eye Physicians: January 28, 2022

National Medical Association, Ophthalmology Section: January 28, 2022

California Academy of Eye Physicians and Surgeons: January 30, 2022

Colorado Society of Eye Physicians and Surgeons: February 1, 2022