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California Academy of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Estimating access to eye care based on availability of providers in California*

Purpose: To quantify the access to eye care in California by evaluating ophthalmologist and optometrist coverage in each county.

Methods: We utilized American Medical Association (AMA) workforce healthcare mapping data to look at provider availability in each county in California. Coverage of ophthalmology and optometry providers in each county in California was determined.

Results: Of the 58 counties in California, 55 (95%) had coverage by at least one ophthalmologist and/or optometrist. Five counties (8.6%) had an optometrist but no ophthalmologist. Among the five counties with optometry coverage and no ophthalmologist, the median number of optometrists in each county was 1.5, with an average population per provider ratio of 16,907:1. One county (2%) had a single ophthalmologist but no optometrists (Mono County); the population to provider ratio was 14,201:1. By comparison, the counties with the densest provider availability had population to provider ratios of 3,312:1 (optometry, Alameda County) and 4,949:1 (ophthalmology, Marin County). Each county without an ophthalmologist had available ophthalmology coverage in at least one contiguous county.

Conclusion: The vast majority of counties in California have coverage by either an ophthalmologist and/or optometrist. Few counties had optometry coverage without ophthalmology, and, among these, optometry coverage was also limited, with high population to provider ratios. It is doubtful that optometrist availability in counties underserved by ophthalmologists will substantially improve access to eye care, especially since in each instance ophthalmology care is available in an adjacent county. This project lays the groundwork for future studies utilizing Center for Medicare and Medicaid Services (CMS) provider-level data to determine whether availability of ophthalmology or optometry coverage affects likelihood of patients receiving key eye health services (e.g. cataract surgery and diabetic screening exams).



Marcus Ang, MBBS
Asia Pacific Academy of Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Young Ophthalmology in the Asia Pacific Academy of Ophthalmology*

Purpose: Young Ophthalmology (YO) activities have been limited in the Asia Pacific, with only a handful of countries with recognized YO organizations. The aim of this project was to understand the unmet needs of the YO, and possible gaps or barriers to YO activities in the APAO member societies – which would allow for a formal proposal to the Council for establishing YO in APAO.

Methods: A forum discussion with live polling and feedback was conducted using a series of questionnaires at the annual meeting of the APAO in February 2018 (Hong Kong). We had participants from AAO (USA), SOE (Europe), RANZCO (Australia and New Zealand) and YO leader or representatives from member societies i.e. Hong Kong, Singapore, Malaysia, Philippines, Pakistan, India, Cambodia, Sri Lanka, Korea, Chinese Taipei, Japan, Myanmar, Nepal, Mongolia, Vietnam, Thailand and China.

Results: The APAO YO Leaders Forum and Symposium was well attended by more than 80 participants from member societies. The Forum established that the main barrier to formal YO activities was lack of funding (80%) rather than lack of interest from YO (5%) or opportunities (10%), or the lack of support from mentors (5%). Many developing countries did not have the funding mechanisms to support activities, travel to conferences, or organize learning. YO leaders felt that the focus of APAO should be on the communication with leadership (80%) as well as education of YO (70%). Potential initiatives included more opportunities on podium, awards and networks with international YO societies. Newsletters, online content and communication with fellow YO plus abroad e.g. AAO and SOE generated a lot of interest amongst APAO YO leaders as well (60% of leaders).

Conclusion: In summary, we had a successful inaugural YO leaders Forum, which had lively discussion and plenty of input. Most agreed on the definition of YO (similar to that defined by AAO) and the need for more organized YO activities in Asia. The barriers and opportunities were clearly outlined, while the hopes and aspirations of the future leaders of Ophthalmology in the Asia-Pacific were shared.



Renee Bovelle, MD
Maryland Society of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Create Cybersecurity Continuing Medical Education Program for Maryland Ophthalmologists*

Purpose: *To ascertain need of cybersecurity CME for ophthalmologists in Maryland and to increase awareness of methods to improve cybersecurity in ophthalmic practices by Continuing Medical Education Lectures.* Physicians generally are not educated on what the “reasonable” cybersecurity measures encompass. The incorporation of data digitization such as telemedicine and artificial intelligence, internet connected diagnostic medical devices, and widespread adoption of electronic healthcare records require data exchange in cyberspace. The federal Health Insurance Portability and Accountability Act and The Health Information Technology for Economic and Clinical Health Act, and corresponding state laws require all physicians to employ “reasonable” cybersecurity measures to protect electronic Protected Health Information. Failure to do so results in exorbitant fines and fees which can close a practice, loss of patient trust and damages to patients, physicians and healthcare institutions.

Methods: A survey was distributed to members of MSEPS via a survey monkey link. The respondents replied anonymously. The results were then tabulated and analyzed. I delivered a Cybersecurity CME lecture at the MSEPS annual meeting and audience evaluations were obtained. I also presented Cybersecurity CME lectures at ASCRS and WIO annual meetings with subsequent audience evaluations.

Results: The survey consisted of eight questions pertaining to data breaches in the practice, self-perceived cybersecurity knowledge and subject matter to be included in the CME. There were 46 respondents. The majority, 82.61% (38) had not experienced a data breach or ransomware attack in the practice. However, 17.65% (3) were attacked by ransomware; 5.88% (1) by phishing attacks. Network hacks and malware after a download each accounted for 11.76% (2). Unknown methods accounted for 52.94% (9) of data breaches. 66.67% (30) of the respondents were aware of other colleagues that experienced a data breach or ransomware attack. Many respondents, 89.13% (41) are concerned about a future cyber-attack but 76.09% (35) have not ever taken a cybersecurity CME. Furthermore, 86.67% (39) trust that they could benefit from cybersecurity CME. Respondents replied: most beneficial are tips for good cyber hygiene 82.61% (38); understanding HIPAA/HITECH responsibilities 67.39% (31); understanding first steps when under a ransomware attack 65.22% (30). Respondents also concluded that it is essential to know the components of a risk assessment, 60.87% (28) and would appreciate information when considering a cybersecurity consultant 52.17% (24). The respondents were evenly split on having the CME in person or an on-demand webinar.

The CME evaluations for the ASCRS events demonstrated that 94.65% learned something new and 76.55% would make changes to the practice. The MSEPS evaluations followed a similar distribution pattern.

Conclusion: This project successfully resulted in two CME approved Cybersecurity presentations. 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. In 2017, the Health Care Industry Cybersecurity Task Force asserted that cybersecurity is a public health issue (retrieved from:

Renee Bovelie, MD

Create Cybersecurity Continuing Medical Education Program for Maryland Ophthalmologists

<https://www.phe.gov/Preparedness/planning/CyberTF/Documents/report2017.pdf>). Concurrently, the IBM & Ponemon data breach report found that education is a primary contributor to decreasing cyber-attacks (retrieved from <https://public.dhe.ibm.com/common/ssi/ecm/se/en/sel03130wwen/security-ibm-security-services-se-research-report-sel03130wwen-20180122.pdf>). Academic and Employed ophthalmologists were affected by data breaches as well. This LDP project will benefit private practice, employed and academic Maryland Ophthalmologists by elucidating best practices for cybersecurity hygiene and making it readily available in an on-demand format and in-person presentations. After discussion with my Virginia LDP colleague, plans are underway to present this Cybersecurity CME at the VSEPS annual meeting.



Rebecca Dale, MD
Washington Academy of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Washington State Physician's EYEPAC: Donation Trends and Strategies for Future Growth*

Purpose: PAC contributions at the state level are known to be a key facet of developing and maintaining relationships with state legislators. Currently, only Washington Academy of Eye Physicians and Surgeons (WAEPS) board member experience and opinion inform our understanding of EYEPAC participation levels and the success rate of historical interventions. This project has three distinct arms: analyzing trends in Physicians EYEPAC donations for the past six years, enacting strategies for the coming year, and gathering information from non-participants to inform future efforts.

Methods:

- (1) Analyzing donation trends: Data was obtained from publicly available records from Washington's Public Disclosure Commission at <https://www.pdc.wa.gov/> for January 1, 2012 through August 30, 2018. Data was then analyzed to evaluate trends based on timing, geography, percentage of membership and number of unique donors.
- (2) Intervention Planning: Based on ideas garnered from brainstorming during the 2018 WAEPS board annual retreat, four to six different initiatives will be fully developed for proposal at the December 2018 board meeting. All approved initiatives will be acted upon during the 2019 calendar year and 2019 EYEPAC donations will be tracked to evaluate the effectiveness of the aggregated interventions.
- (3) Nonparticipant Survey: A brief and non-threatening survey of WAEPS members who do not participate in EYEPAC donation will be built into the 2019 WAEPS annual meeting.

Results: As this is a two-year project, results at this time are focused on analyzing historical trends in EYEPAC Donations. EYEPAC participation and donation levels were static from 2012 to 2017. The average number of unique donors annually was 98 (range 57 to 107), average annual totals were \$33,166 (range \$17,150 to \$61,653), average WAEPS member participation was 31% (range 18 to 47%), and average annual donation was \$327 (range \$300 to \$419). Data in 2012 and 2013 represent significant outliers, suspected due to an administrative change resulting in two membership mailings in a single calendar year, but overall trendlines are flat. An average of 65% of EYEPAC donations are received in the first quarter (range 57% to 75%) of the calendar year. Geographic distribution of participation between Eastern and Western Washington was 62% for Western Washington ophthalmologists (77% of the general population lives in Western Washington), and 38% of Eastern Washington ophthalmologists.

Conclusion: Analysis of EYEPAC participation provides several interesting targets for intervention. Average giving clusters tightly around the suggested donation amount of \$300, indicating that this number is a strong influencer of behavior. In the outlier year of 2012 there was a significantly higher overall participation of unique members, suggesting potential value in biannual rather than annual dues and EYEPAC contribution mailings. EYEPAC donation participation is heavily weighted to the first quarter. This indicates poor capture of nonparticipants at the WAEPS annual meeting, which occurs in the second quarter each year. The second arm of this project – implementing new interventions for EYEPAC donation growth and continued monitoring of donation data – will provide additional valuable insights. In addition, the roughly two-thirds of WAEPS members who do not participate are an untapped resource and efforts to understand their perspectives will likely provide valuable information to direct future strategies.



Kimberly D. Davis, MD, MBA, FACS, FACHE
American College of Surgeons, Advisory Council for Ophthalmic Surgery
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Ophthalmologists are Surgeons – A Case for Expanding ACS Awareness and for Introducing the American College of Surgeons (ACS) Stop the Bleed Campaign*

Purpose: Ophthalmology membership is ACS trails other subspecialties and there is great untapped potential for synergy. In January 2018, there were 30K ophthalmology members of the American Academy of Ophthalmology and 3074 Ophthalmology members and 13 resident members of the American College of Surgery. Ophthalmologists are surgeons and, as such, share a commitment for patient advocacy and preservation of life and limb in addition to sight.

Methods: The initial project plans included 3 areas. These were not supportable through AAO.

- 1) Introduce: Membership in an organization first comes into our thoughts during residency. We learn about various organizations by listening, asking questions and through direct mentorship from our program directors and staff physicians. Common organizations recommended to ophthalmology residents in training include AAO and ASCRS. Both offer free/reduced membership during training. In addition, meeting tuition is waived, and the students get to “test drive” the organization before the point comes when they apply to become a fellow and must pay for dues.
- 2) Survey: survey development (requested AAO assistance with creation and distribution) - My goal was to research our ACS membership and fellowship trend-line with analysis by specialty and training category. I believe specialties competing with other non-ophthalmology surgical specialties that value ACS membership and fellowship (such as Oculoplastics) are more likely to join.
- 3) Increase exposure: Start with WHY? – Messaging and identity. What’s in it for me? How and why should I join another organization and what is in it for my specialty and my patients and the health of our nation? Partner AAO with ACS to have STOP THE BLEED at the annual meeting in Chicago (also the location of the ACS headquarters) in October 2018. Those participating could swipe their badge for a complementary 1-year membership and then decide over the following year if they would like to advance to Fellow. Subsequent follow-up messages could encourage their involvement.

Results: Two benefits were attained from this project idea: (1) Through coordination with the Society of Military Ophthalmologists, I was able to arrange for ACS instructors to give a presentation at the SMO Annual Dinner held in conjunction with AAO. We attempted to get 1 hour of classroom space from the AAO Annual Meeting, but the deadline had passed. (2) In addition, we are rolling out the Stop the Bleed program at my command with plans to train 300 employed personnel.

Conclusion: Simple ideas are challenging to implement, and the most successful projects are those where the user controls the variables.



Courtney Francis, MD
North American Neuro-Ophthalmology Society
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Recruiting ophthalmologists into neuro-ophthalmology*

Purpose: Ophthalmology trained neuro-ophthalmologists are at risk of becoming an endangered species. One of the strengths of our field is the diversity of backgrounds and training giving different perspectives in the evaluation and treatment of complex disease. We need to ensure that we continue to train ophthalmologists in neuro-ophthalmology. This project's aim is to investigate the reasons why ophthalmology residents may choose not to pursue training in neuro-ophthalmology and from those findings create an action plan to increase interest in fellowship. Additionally, I will explore the motivations of those that do choose the field to ensure we are continuing to recruit interested residents.

Methods: The idea for this project was presented to the NANOS board and was well received. A NANOS neuro-ophthalmology recruitment pipeline task force was created with a goal of improving both ophthalmology and neurology resident recruitment into the field. I serve as co-chair of the task force, representing ophthalmology trained neuro-ophthalmologists. We held a conference call to discuss goals for the taskforce. Additionally, I met with all of the neuro-ophthalmology fellowship directors at the annual NANOS meeting and presented the plan and received input on their concerns. I then worked with other members of the committee to develop a survey to send to graduating ophthalmology residents. The survey was sent out via the AUPO residency director listserv in June 2018. The survey results provide preliminary data regarding the exposure to neuro-ophthalmology in both medical school and throughout residency. I will send another survey to the current graduating class this fall with hopefully a larger response rate. Additionally, a slightly different survey will be sent to all recent ophthalmology trained neuro-ophthalmology fellowship graduates from the past 5-10 years to identify factors which led physicians to pursue neuro-ophthalmology as a career.

Results: The preliminary survey was sent out via the AUPO residency director listserv in June 2018. There were 51 respondents; all were graduating ophthalmology residents not pursuing neuro-ophthalmology fellowship training. 78% (40) of residents were pursuing fellowship, with the most common fellowships being surgical retina (32.5%) and glaucoma (25%). The majority of residents decided on their subspecialty in their PGY3 year (43%), followed by PGY2 year (25.5%) and medical school (13.7%). More than half (57%) of respondents had exposure to neuro-ophthalmology in medical school. The majority of residents ruled out neuro-ophthalmology in their PGY-2 year (43%). The most common factors that influenced residents' decisions not to pursue neuro-ophthalmology include the lack of both intraocular and extraocular surgery, the types of patients seen and salary. I also collected data on the number of ophthalmology and neuro-ophthalmology faculty members in academic departments – with most programs having an average of 2 neuro-ophthalmologists, typically ophthalmology trained. Eighty percent of respondents have a dedicated neuro-ophthalmology rotation, typically in the PGY2 and/or PGY3 years. The majority of respondents (67%) worked with an ophthalmology trained neuro-ophthalmologist who performed surgery. Residents perceived neuro-ophthalmology didactics to be superior to others 57% of the time. Forty-three percent of respondents would consider neuro-ophthalmology if it were combined with another subspecialty.

Courtney Francis, MD

Recruiting ophthalmologists into neuro-ophthalmology

Conclusion: While the survey responses are limited at this time, some conclusions can be drawn. Residents appreciate the quality of their neuro-ophthalmology exposure in residency but choose early on not to pursue fellowship training in part due to a perceived lack of surgery, the types of patients seen and potential salary. A large number of residents would more strongly consider fellowship if it were combined with another field, in part likely because of surgical procedures. I will continue to gather additional information from the current graduating class and look forward to comparing the responses to those who have completed neuro-ophthalmology fellowships. With this data, we will be able to move forward with creating an action plan to improve recruitment of ophthalmology residents to keep our field diverse.



**Ninel Gregori, MD
Retina Society
Leadership Development Program XX, Class of 2018
Project Abstract**

Title of Project: *How to diagnose and manage a patient with a suspected inherited retinal disease.*

Purpose: To create an AAO ecourse that will provide an overview of common inherited retinal diseases, ongoing clinical trials for these conditions, basics of referring a patient for genetic testing, and update on the first ocular gene therapy approved by the United States Food and Drug Administration (FDA) for patients with mutations in both alleles of RPE65 gene.

Methods: An ecourse outline and pre-test and post-test questions were submitted for review by the AAO and the course was approved for CME accreditation. Literature review and clinicaltrials.gov search was conducted and a comprehensive ecourse was written.

Results: The field of ocular gene therapy for inherited retinal diseases (IRDs) has grown in recent years with multiple ongoing clinical trials for such conditions as choroideremia, achromatopsia, retinitis pigmentosa, Leber congenital amaurosis, Stargardt macular dystrophy, Usher syndrome, and Leber hereditary optic neuropathy. In December 2017 the first gene therapy product, voretigene neparvovec-rzyl (Luxturna), was approved by the FDA for Leber congenital amaurosis type 2 or early onset retinitis pigmentosa due to genetic variants in both alleles of RPE65 gene. Genetic testing for clinically diagnosed IRDs should be offered to allow precise genotyping and potential enrollment in ongoing and future trials, family planning, as well as potential treatment with the FDA-approved therapy. Most ophthalmologists have not received formal training in the diagnosis and management of IRDs and historically the only treatment available to these patients was low vision management. There is a knowledge gap regarding the current approach to patients with IRDs, referral for genetic testing and ongoing clinical trials as well as the approved therapy. An ecourse has been written and submitted to the AAO for review and publication.

Conclusion: Through participation in this LDP effort a new inherited retinal diseases ecourse was written for the AAO and is expected to close a knowledge gap in managing patients with suspected genetic retinal diseases. Genetic testing for clinically diagnosed IRDs should be discussed and offered to interested patients to allow early diagnosis and potential enrollment in a natural history study or a gene therapy clinical trial, as well as access to the FDA-approved ocular gene therapy. Patients should be genetically counseled to help understand their genetic diagnosis and make family planning decisions.



Mary Elizabeth Hartnett, MD FACS
Association for Research in Vision and Ophthalmology (ARVO)
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Assessing Efforts to Raise Awareness on OCT and Science*

Purpose: Media communication succinctly disseminates scientific information to the lay public; however, how information is then interpreted has not been fully evaluated. This year the Association for Research in Vision and Ophthalmology (ARVO) launched communications regarding optical coherence tomography (OCT). We investigated what lay and ophthalmic research communities learned after watching a selection of video communications developed by ARVO about OCT. This project is an initial step to develop effective and accurate communication of science to research and lay communities.

Methods: Forty-five participants of different levels of ophthalmic education were recruited for brief focus groups using a convenience sampling strategy. Participants were asked to view three of 8 educational videos: “A window to blood and brain diseases,” “Catching macular degeneration before vision loss,” and “Detecting a stealthy disease-glaucoma.” After viewing each video, participants were asked the same six open-ended questions using a guided interview schedule. Discussion ensued about what was learned and how participants might use the information from the videos. Follow-up focus group sessions were completed one month later to assess knowledge retained. The average time for focus groups, not including video-watching and presenting the purpose of the study, was 18 minutes. Audio-recordings were transcribed and analyzed by open coding. Content analysis was performed to determine the effectiveness of video information in communicating the purposes of OCT. The study was approved by the Institutional Review Board of the University of Utah.

Results: Twenty-three individuals participated in the first focus groups and 22 in follow up focus groups. Females comprised 12/23 (52%) in the first and 12/22 (55%) in follow up groups.

Table 1. Number of Focus Group Participants by Community

<u>FOCUS GROUP</u>	<u>First Group Participant No.</u>	<u>Follow up Group Participant No.</u>
A. Administrative staff, including patients	8	8
B. Lab staff working in ophthalmology including OCT	7	6
C. Undergrad and grad students	8	8

Continued on next page

Mary Elizabeth Hartnett, MD FACS

Assessing Efforts to Raise Awareness on OCT and Science

Table 2. Ethnicity and Level of Education for Focus Groups.

	Focus Group (total=23)
Identifies as	
White	57%
Asian	22%
Other	22%
Highest Level of Education	
High school GED	9%
Some College	17%
Associate degree	13%
Bachelor degree	22%
Graduate degree	39%
Ophthalmic Training*	
Yes	52%
No	48%

*- some knowledge of ophthalmology

Group A and C participants recognized “great enthusiasm” for the new technology and felt they had access to it but were unclear who ordered it, if they should request it as a screening test and misunderstood the importance of the physician’s interpretation of OCT findings. Participants were unafraid of the equipment but felt uncomfortable about the animations used to describe some diseases. Confusion existed why OCT was developed and how it would help them. Participants remembered terms like Parkinson’s, Alzheimer’s, arteriosclerosis and skin cancer but thought OCT only might detect a disease that did not have treatment. These participants were concerned about cost because it was unclear that OCT is standard-care paid by insurance. Participants were offended by terminology and inconsistent use of subtitles and would have liked to hear patient voices instead of the narrator and physician voices. Participants wondered if videos were promotional for ARVO to develop OCT. It was unclear to participants how they would use information from the video. In contrast, group B participants, who work in the field of ophthalmic research, were familiar with the material in the videos. They thought the videos portrayed OCT well for them, but also thought the videos might need to be adapted for another audience.

Conclusions and Implications:

Responses varied based on level of ophthalmic education and familiarity with OCT. For a lay audience, clarity of the purpose of the video, rationale for development of OCT, how OCT helps the audience with a specific disease, and use of case studies may be helpful to clarify OCT and its uses. Use of unbiased actors who avoid ageist language and use of subtitles in a consistent manner should be considered.

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Denise Hug, MD
Missouri Society of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Evaluation of perceived membership benefits and future recruitment for the Missouri Society of Eye Physicians and Surgeons*

Purpose: To develop an action plan for the retention and recruitment of Missouri Society of Eye Physicians and Surgeons (MoSEPS) members.

Methods: Two surveys were developed, one for members and one for non-members, and sent to all ophthalmologists in the state of Missouri. The member survey was designed to gather data on the perceived value of advocacy, education, website and social media and to give a platform for members to voice their thoughts and concerns. The non-member survey was designed to gather data in hope of defining why some ophthalmologists choose not to be members.

Results: As is often true with surveys, a low response rate occurred but valuable information was achieved. The members responded that advocacy was the most important function of MoSEPS. The areas of greatest concern were: scope of practice, reimbursement and tort reform. The website was not reported as a resource that is valuable to the members, but quarterly emails with legislative updates were rated as valuable. In addition, the members request more information about their specific legislators. The membership appreciates the education arm of MoSEPS and had suggestions on how to better the annual meeting. Fifty percent of the member respondents would like a presence on social media with Facebook as the preferred platform. Additionally, 75% of member and 25% of non-member respondents would prefer or consider joining if MoSEPS dues were collected with AAO dues. The non-member respondents had a consistent theme of non-participation secondary to cost.

A proposed action plan was then developed to continue to engage members. The plan includes continuing our strong advocacy at the state level. Consider developing pro-active legislation in the areas of scope of practice, reimbursement and tort reform. Continue quarterly emails with legislative updates, especially while in session. Incorporate name of their legislators as well as links to their legislator's websites. Publicize Capitol Eye Screening/Legislative Lobby Day to members and call for volunteers. Have advocacy talking points for the volunteers. Increase to two coding seminars a year with one to be a travelling location and one to be a Webcast. Engage other state societies involved with the annual education meeting about increasing number of CE available and how the meeting is designed. Develop and maintain a Facebook page. Finally, explore paying MoSEPS dues at the time of AAO due payment. The action plan above addresses most of the concerns raised by members and non-members. One additional goal is to educate the non-member group on the value of being a MoSEPS member.

Conclusion: In summary, through survey outreach of ophthalmologists in the state of Missouri, concerns about the benefits of MoSEPS were identified. An action plan for the future direction of MoSEPS was designed. It will be presented to the Board of Directors of MoSEPS at the annual meeting.



Michael R. Keverline, MD
Virginia Society of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Supporting Advocacy as a Value Proposition: A presentation utilizing the insurance model.*

Purpose: To create and utilize a presentation to convince Virginia Ophthalmologists to invest more money in state and national Ophthalmic advocacy efforts.

Methods: A PowerPoint-based presentation was created. Research was gathered to demonstrate favorable versus unfavorable differences in state laws that impact the practice of Ophthalmology. These differences were utilized to show that advocacy efforts can impact financial performance, liability and the joy of practice by promoting and ensuring passage of more favorable state laws. Insurance data was collected and commonly held insurance policies were compared to advocacy investments as a value-based proposition.

Results: The PowerPoint presentation was created. (See attached) Initial presentation of the slides was done by the author at the Virginia Society of Eye Physicians and Surgeons Annual Scientific Meeting in June 2018 in Virginia Beach. There was a 604% increase in donations to the state EyePAC in June 2018 as compared to June 2017.

Conclusion: Advocacy investment can be presented as a Value-Based Proposition - a good investment for Ophthalmologists. Results suggest effectiveness of this approach.

Advocacy

A Great Investment.

Michael Keverline, MD
Southside Eye Care
Chesapeake, VA

Disclosures

- State and federal laws substantially impact my income, liabilities and the joy of medical practice.

Scope Battles

- Now Ubiquitous
- VA – 2018 OD bill: Anterior segment surgery and intraocular injections
- NC, MD, etc...
- Organized Optometry's stated goal is to legislate their way to equal footing with Ophthalmology
- Others...Nurse Practitioners

Other laws that impact you

- Example: DMV
- I moved from PA to VA in 2001.
- In 2001 in PA – Ophthalmologists were Required to report At-Risk drivers to DMV and could be held financially liable if their unreported patients got into an accident
- In 2001 in VA – Ophthalmologists NOT Required to report At-Risk drivers to DMV and in fact could be sued by patients for turning them in to DMV

DMV Laws

- Current “Worst Case” state law – NV Ophthalmologists are Required to report at-risk drivers but are not protected from lawsuits for reporting. The reporting is NOT confidential and the Ophthalmologists are NOT provided education by the DMV on how and when to report.
- 2017 in VA: VSEPS led charge to get “Best Case” law passed in VA:
- Ophthalmologists and other staff are Permitted but NOT Required to report At-Risk drivers. The reporting is Confidential and the reporter is protected from lawsuits for reporting. DMV provides guidelines on reporting to the physicians.

Potential “Bad Laws”

- 2017 in VA ODs attempted to pass a bill making it a Class 2 misdemeanor for writing prescription for eyeglasses without also performing a complete eye exam
- In NY – no one other than physicians can finalize and send an e-prescription. Physicians can not delegate refill authorizations to trained staff members.

Insurance

- Chance of house fire requiring Fire Department – 1%/yr
- Homeowners Insurance (500k house) \$3000/yr

- Chance of Malpractice Claim 4-5%/yr
- Malpractice Insurance \$6-12,000/yr

Insurance

- ? Chance of law significantly affecting your income/practice?
 - Scope battles
 - Reimbursement issues
 - Compounding laws
 - Regulations

- 3/50 states allow OD surgery – 6%
- Chance of passing last year's OD surgery law in VA ~50%
- Likelihood of scope battle next year – 99%

Insurance

- Chance of house fire requiring FD – 1%/yr (damage 50-500k)
- Homeowners Insurance (500k house) \$3000/yr

- Chance of Malpractice Claim 4-5%/yr (damage 40k-1.2 mil)
- Malpractice Insurance \$6-12,000/yr

Chance of law negatively impacting income 6-50% (potential damages? \$\$\$)

Practice of Ophthalmology Insurance ??

Practice of Ophthalmology Insurance

- How much should it cost?
- ?1% of income (the more you make, the more you have to lose)
- at the very least = Homeowners Insurance 3-6k/yr

- EYE PAC – VA State laws impacting Ophthalmology.
- MSV PAC – VA State laws impacting all Physicians.
- OPHTHPAC – National re-imburement and regulatory issues.
- Surgical Scope Fund – Scope battles wherever they arise. Losses elsewhere increase likelihood of losses in VA.

How are we doing?

FTE Ophthalmologists in VA 500

FTE Optometrists in VA 1000

2017	VSEPS	VOA
Total Raised	\$33,540	\$130,646
Number of Donors	24 (5%)	526 (53%)
Average Donation	\$1000	\$250
Total Campaign Contributions from PAC	\$26,000	\$94,000

We MUST do better.

What is Ophthalmology worth to you?



Albert S. Khouri, MD
New Jersey Academy of Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *AAO Residency Advocacy Web page*

Purpose: The creation of an advocacy education resource as a webpage hosted by the AAO that residency training programs can utilize in order to satisfy training requirements and encourage engagement of residents and fellows in state and federal advocacy.

Methods: At present no online content exists that is dedicated to ophthalmology residency advocacy. The ACGME residency requirements include advocacy requirements under professionalism (section IV A5e4: accountability to patients, society and the profession) and the resident milestone evaluations (PROF-4. Accountability to patients, society, and the profession). Residency programs often have to innovate in order to create an advocacy program. This can be challenging for programs with limited resources. Existing content through the AAO can be an excellent resource for ophthalmology advocacy, federal and state society involvement, young ophthalmologist engagement, and advocating for patients and our profession. Through collaboration with the AAO, YO, the committee for resident education, state and federal AAO committee leaderships, and several residency program directors attending the Association of University Professor of Ophthalmology 2018 meeting; a focused curriculum dedicated for residency programs was constructed. In order to enhance the curriculum utility a short video testimonial format was chosen. With support from the AAO online education program the content for the residency advocacy web page was planned and filmed at the AAO Mid-Year Forum in Washington DC.

Results: Video testimonial of the curriculum were collected from residents, young ophthalmologists, program directors, and AAO leadership for advocacy and state, and federal affairs. The videos specifically covered:

1. Resident perspectives and YO engagement in advocacy during state legislative battles
2. Program Directors perspectives on resident advocacy while in training
3. Testimonials on history of advocacy for patients, profession and engagement with state societies and federal advocacy
4. The basics of understanding state legislative processes and how bills get passed and
5. Currently active national state legislative battles.

The AAO is providing technical and editorial support and will plan to host the content on the AAO website for access by residency and fellowship programs. A certificate of completion will be accessed by programs upon engagement with the curriculum.

Conclusion: Online residency advocacy webpage content was created. This will provide a curriculum for residency programs and state society use. The curriculum can be a launch tool for engagement in advocacy for patient care, our profession, and involvement with state societies. At the State Society level early resident advocacy can get young ophthalmologists engaged in active legislative and scope battles. Additionally, this effort will assist residency programs in meeting advocacy, professionalism, and accountability requirements.



Jeremy Z. Kieval, MD
Massachusetts Society of Eye Physicians and Surgeons
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Establishing a “Media Team” to Promote Ophthalmology and Support the Mission of the Massachusetts Society of Eye Physicians and Surgeons (MSEPS)*

Purpose: Several barriers exist within the state of Massachusetts that limit dedicated involvement in MSEPS by practicing ophthalmologists. As such, MSEPS may find itself ill-prepared to interact with members of the media, as well as legislators, on issues that are at the core of MSEPS’ mission to protect patient safety and promote the field of ophthalmology within the Commonwealth. The purpose of this project was to establish and train a team of ophthalmologists who would be uniquely qualified to skillfully represent our profession in the public arena.

Methods: Emails were sent to all members of MSEPS in an effort to recruit ophthalmologists interested in becoming part of the “Media Team.” Additionally, direct messages were sent peer-to-peer from the executive committee members of MSEPS to personal colleagues in order to aid in recruitment. The media training that was developed consisted of a two-part workshop designed to educate the “team” on how to engage with various media. Part 1 utilized MSEPS members with media experience, as well as the past Secretary of Communications for the AAO, to provide didactic sessions on topics such as responding to media requests, preparing for interviews, how to effectively present talking points, and do’s and don’ts when conducting an interview. Part 2 utilized a professional public speaking coach and videographer to practice the interviewing techniques and effective delivery of talking points that had been learned. Practice interviews were observed by members of the media team, and critique was provided to improve upon interviewing skills.

Results: 72 ophthalmologists were invited to become a part of the MSEPS media team. A total of 64 ophthalmologists, in addition to the Executive Director of MSEPS, completed the first part of media training. Of these 65 individuals, 8 completed the second part of media training. Video of the didactic session by the professional public speaking coach, as well as the practice interviews by attendees were distributed to the team for review. A master list was created establishing the MSEPS members on the Media Team, as well as their availability should the need arise to have a member of the team respond quickly to a media request. Participants in the training sessions felt they gained considerable insight into managing interactions with media, and felt they were reasonably well prepared to deliver a clear message should they should be called upon do speak with members of the media.

Conclusion: MSEPS was ill equipped to manage the urgency with which requests are made by the media to speak to an ophthalmologist in the state of Massachusetts. We are now in a much better position to do so, and more importantly, we can continue to carry out the mission of our organization. To date, MSEPS has not had the opportunity to implement the Media Team; however, we are well organized to begin putting into practice that which was learned. We will continue to support training for our members to engage the media, and hope to expand the participation of ophthalmologists on our “team” to utilize these newly acquired skills in advocacy efforts at the State Capitol.



Scott A. Larson, MD
American Association for Pediatric Ophthalmology and Strabismus
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Making the AAPOS Member Online Experience with AAPOS.org Indispensable*

Purpose: Develop an online member experience at aapos.org and other associated web sites that will enhance communication, education and the annual meeting program.

Methods: The first part of this project involved transforming the annual meeting program into an online, searchable format that also enhanced member engagement by improving communication and allowing the meeting program to be available on any device. This site is found at <http://aapos2018.org>. This web-application was used in lieu of a printed meeting abstract book at the 2018 annual meeting. The member's perception of the change to this technology was surveyed after the annual meeting.

The second part of the project is a complete redesign of the association's web site at aapos.org. The redesign is intended to enhance member communication and educational offerings based on a platform built by Higher Logic that is intended for online communities and member organizations. The web site has been designed and nearly completely populated. A demo version can be seen here <http://engage.aapos.org/home>. AAPOS committee leaders as well as board members were approached with their opinions and many were involved in the design process. The new site will bring together our members and committees with a more engaging and customized online experience. This site will also allow the AAPOS board to more closely measure member use of the site and will allow us to more easily update content in the future. After this site is rolled out, the member's perceptions of the site will be surveyed.

Results: The change to an online meeting program at <http://aapos2018.org> was largely met with approval from AAPOS members with the exception of a few vocal dissenters. We had 670 meeting attendees respond to survey questions related to the new program website. 90% of these members responded that the new meeting website was "Excellent or Good" with only 2.8% reporting the meeting program site was "Poor". Many of the negative responses related to the member's desire to have a paper abstract book. The site was used more than 5000 times per day (about 5 times per day per attendee) during the annual meeting and has been accessed 32,800 times since its launch in April with an average of 119 visits per day. A new feature allowed members to make comments on presentations and abstracts that would be viewable by all visitors. It is notable that the members did not use this feature, nor did they use social media links that would allow them easily to post the program content on their social media feeds. The reason for the majority of AAPOS members lack of the use of more modern communication means during the annual meeting is yet to be determined but their usage habits will help to design useful features in the future.

Member perception of the new aapos.org site will be available after the site launches.

Conclusion: The transition of AAPOS member's online experience is taking shape. The changes made so far to the annual meeting program have been favorably accepted. Features that may seem useful to the designers may not be found useful by the membership. The member's use of the sites can be measured and used to design features to enhance the member experience.



**Brandon W. Lee, MD
Hawaii Ophthalmology Society
Leadership Development Program XX, Class of 2018
Project Abstract**

Title of Project: *Developing Ophthalmic Education Tools for Pacific Islanders*

Purpose: To develop both written and audiovisual materials to help educate patients of Pacific Islander descent for whom traditional educational materials, such as Academy pamphlets or websites may not be available. For many patients treated in Hawaii, language barriers pose a significant challenge to patient care for both the providers and patients. Often formal interpreter services and educational materials are not available in these patients' native languages (Samoan, Tongan, Chuukese, Marshallese, Ilocano, etc). Developing such tools that can be shared via online distribution would ease the burden to providers and facilitate patient care and education of people from these backgrounds.

Methods: Four topics were identified for which educational materials were most often needed for Pacific Islanders in comprehensive ophthalmology practices in Hawaii: cataract, pterygium, diabetic eye disease and glaucoma. Brochures were created containing the pertinent information for patients and their families to know regarding these four conditions. The brochures were then translated into four languages by college-educated native speakers: Samoan, Tongan, Chuukese and Ilocano.

Results: Educational brochures were written and translated into Samoan, Tongan, Chuukese and Ilocano for cataracts, pterygium, diabetic eye disease and glaucoma. The brochures were distributed to patients in our practice and were well received by patients with language barriers and their families. After further editing and revision, these educational materials will be made available to other practices across the state of Hawaii and beyond.

Conclusion: The ability to communicate with and educate patients plays a critical role in our success as ophthalmologists. Developing effective educational tools for patients with language barriers is a much needed first step in caring for the Pacific Islander community in Hawaii. A natural progression would be to develop audiovisual tools (such as short videos) that can be played in the office for patients and their families, especially prior to procedures such as cataract surgery, diabetic laser treatments or intravitreal injections. This is especially true for patients from parts of the Pacific where literacy is not widespread. However, finding native speakers who were willing to go on camera to create such videos proved challenging.



Gary L. Legault, M.D.
Society of Military Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Society of Military Ophthalmology Website Design and Implementation*

Purpose: To redesign and implement a new website for the Society of Military Ophthalmology. The goal is to create a sustainable and affordable site that provides resources and up to date information for members and potential members.

Methods: A website design was created and then various website companies were contacted for quotes and pricing. After reviewing website designs and gathering information from the society board members, the site was developed.

Results: The new website allows easy access to locate members and gather important society information. The website provides numerous links for members such as CME and job opportunities, previous meeting links, and mentorship information. The tracking results of website traffic are pending to determine if the updates improved the site.

Conclusions: A new website was designed and implemented to allow for improved communications and need resources for society members. Future improvements include adding more educational programs and videos.



Gareth Lema, MD, PhD
New York State Ophthalmological Society
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *The New York State Ophthalmologists Survey*

Purpose: All aspects of medical care - access, implementation, reimbursement, and scope of practice - are rapidly changing. At a time when advocacy for our profession is critically important, state membership is declining. The purpose of this project was three-fold: (1) to assess the aptitude and attitudes toward changes in medical care delivery as experienced in New York State (NYS), (2) to identify ways in which the New York State Ophthalmological Society (NYSOS) can increase its value to NYS ophthalmologists, and (3) to engage NYS ophthalmologists and disseminate information about recent NYSOS endeavors to NYS ophthalmologists.

Methods: An anonymous survey was created and distributed to NYS ophthalmologists. The survey was created with input from the NYSOS Board Executive Committee, and was released with the committee's approval. It contained 20 questions in four subject headings: *Practice Issues*, *Professional Priorities*, *Scope of Practice*, and *Demographics*. Specific questions pertained to reimbursement models, surgical practices (specifically pertaining to use of anesthesia), impediments to practice, optometric and mid-level providers performing surgery, and the role of NYSOS (see appendix). Respondents were able to enter comments regarding the survey at the end. An update on recent legislative accomplishments and endeavors was provided at the end of the survey. The survey was created in SurveyMonkey and distributed via email to the entire NYSOS database of practicing NYS ophthalmologists. The survey was also distributed in a limited capacity in paper form at regional meetings.

Results:

Demographics: A total of 322 ophthalmologists responded to the survey, which we estimate as approximately 21% of all NYS ophthalmologists. Seventy-seven percent were male. Fifty percent of respondents were in the middle of their career and 39% were within 5 years of retirement, leaving only about 10% of respondents in the first 5 years of practice (YOs) or in training. Seventy-six percent of respondents were already NYSOS members, 19% were not members, and 5% were unsure of their status. In practice type, there was an approximately even split between solo practitioners (31%), group practice – same subspecialty (25%), and group practice – multiple ophthalmic subspecialties (24%). Ophthalmologists in university practices (9%), hospital employees (7%), and those in multi-medical specialty groups (5%) were less well represented. Fifty-eight percent of respondents were comprehensive ophthalmologists. The most common subspecialties were pediatric ophthalmology (10%) and surgical retina (9%).

Practice Issues: Ninety-two percent of respondents participated in fee-for-service reimbursement. From a list of several examples, the highest proportion of respondents (39%) were unsure of the best payment model moving forward. The most commonly selected model was "Single Payor" (27%), followed by "Concierge/Subscriber/Retainer" (14%) and "Reduced Fee for Service" (13%). Eighty percent of active surgeons reported requiring an anesthesiologist to prevent harm or death to a patient. Not surprisingly, 78% reported requiring general anesthesia only rarely. Impediments to practice were split, but the most important were "Governmental regulations", "The electronic health record", "Confusion over billing and coding", and "Compliance with quality measures".

Gareth Lema, MD, PhD

The New York State Ophthalmologists Survey

Professional Priorities: The most commonly selected “issues of greatest importance” were (in order): “Declining reimbursement”, “Electronic Health Record mandates”, “Physician collective bargaining”, “Access to patients / Narrow networks”, “Optometric scope of practice”, and Private equity consolidation in healthcare”. The “most important functions of NYSOS” were (in order) “Legislative representation”, “Resistance to insurance policies that risk patient safety”, “Dissemination of relevant news”, and “Access to billing and coding support”.

Scope of Practice: Seventy-nine percent of respondents agreed or strongly agreed that “Optometric scope of practice expansion is detrimental to patient care”. Greater than 90% disagreed or strongly disagreed that optometrists should be able to perform “minor eyelid procedures” or “minor procedures that may be necessary post-operatively”. Eighty-two percent of respondents disagreed or strongly disagreed that “Nurse practitioners and physician assistants can safely administer intravitreal injections” under supervision.

Conclusion: This project demonstrated the utility of a survey to engage ophthalmologists and obtain data to inform future endeavors of the state society to add value to its membership. Additionally, the survey exceeded expectations, in that it yielded data that can be presented to legislators and insurance companies to support our positions. Overall, this project was well received by the NYSOS Board and our membership. Only 2 recipients of the email opted out of future emails, and many respondents of the survey left encouraging comments. Others left comments on NYSOS policies and initiatives that could be viewed as constructive criticism. We achieved a significant number of respondents, although the YOs were underrepresented. This was surprising, since we thought that email would favor responses from younger members. There were some surprising results. For instance, I did not expect that “Single payor” would be the most selected ideal reimbursement model, especially considering that almost all respondents currently participate in fee for service models. But it is insights like this that we hope will help us align or endeavors with the interests of our members in the future.

Attachment: Paper form of the survey for distribution at regional meetings.



April 1, 2018

Dear New York State Ophthalmologist:

Never has the climate in which we practice been more volatile and uncertain. To determine which issues are most pressing for our profession, I developed this survey in conjunction with the NYSOS Board. Our goal is to aid NYSOS in anticipating your specific concerns and needs going forward.

This survey is supported by both NYSOS and the AAO as my project for the Leadership Development Program. You will benefit from the success of this endeavor, but the results are only as valid as the number of physicians who respond. Let your opinions be known!

The survey is only 20 questions and should take about 5 minutes. Once you have finished the survey, please pass it on to your colleagues and encourage them to participate, even if they are not NYSOS members. Their input will help us evaluate how we may prompt more ophthalmologists to join by offering more relevant services.

Sincerely,

Gareth Lema, MD, PhD
Clinical Assistant Professor of Ophthalmology, Jacobs School of Medicine, University at Buffalo
Director, Retina Service, Ross Eye Institute
NYSOS Board Representative for Western New York
AAO Councilor for New York State

Practice Issues

1. In which reimbursement models do you participate? (Check all that apply.)
 - Fee for Service (assignment by insurer)
 - Capitation
 - Episode-based, Bundled Payments
 - Accountable Care Organization (ACO)
 - Patient-Centered Medical Home
 - Concierge/Subscriber/Retainer
 - I'm not sure

2. Which reimbursement model would you consider most ideal going forward? (Select 1.)
 - Reduced Fee for Service (assignment by insurer)
 - Capitation
 - Episode-based, Bundled payments
 - Accountable Care Organization (ACO)
 - Patient-Centered Medical Home
 - Concierge/Subscriber/Retainer
 - Single Payor
 - I'm not sure

3. Where do you perform most surgery?
 - An ASC in which you have ownership
 - An ASC in which you do not have ownership
 - Both an ASC and Hospital OR (even split)
 - Hospital OR
 - I do not perform surgery

4. During surgery, have you ever needed an anesthesiologist to intervene and protect a patient from harm or death?
 - Yes
 - No
 - I do not operate

5. How often do you require general anesthesia (intubation/LMA) in the OR?
 - Rarely
 - Up to 25% of the time
 - 26 – 50% of the time
 - 51 – 75% of the time
 - > 75% of the time.

6. Rank in order the three (3) greatest impediments to your ability to practice. (1 = the worst).
 - _ Confusion over billing and coding
 - _ Governmental regulations
 - _ Compliance with quality measures
 - _ The electronic health record
 - _ Hiring and employee retention
 - _ Keeping up with changes in practice patterns
 - _ Access to OR time

Professional priorities

7. Rank the three (3) issues of greatest importance to you. (1 = most important)
 - _ Optometric scope of practice
 - _ Physician collective bargaining
 - _ Truth in advertising – mandating full disclosure of title and board certification
 - _ Access to patients / Narrow networks
 - _ Declining reimbursement
 - _ Electronic Health Record mandates
 - _ E-Prescribing mandates
 - _ Eye safety awareness
 - _ Private equity consolidation in healthcare
 - _ Other: _____

8. What do you see as the three (3) most important functions of NYSOS? (1 = most important)
 - _ Legislative representation
 - _ Lobby Day
 - _ Coding Seminars
 - _ Annual Meeting
 - _ Resistance to insurance policies that risk patient safety
 - _ Access to billing and coding support
 - _ Access to legal advice
 - _ Dissemination of relevant news (i.e. The President's Update)
 - _ Networking and camaraderie
 - _ Social media outreach
 - _ Representation in the AAO
 - _ Other: _____

-
9. Optometric scope of practice expansion is detrimental to patient care.
Strongly Disagree – Disagree – Neutral – Agree – Strongly Agree
10. Optometrists should be able to do minor eyelid procedures and/or eyelid injections.
Strongly Disagree – Disagree – Neutral – Agree – Strongly Agree
11. Optometrists should be allowed to perform minor procedures that may be necessary post-operatively.
Strongly Disagree – Disagree – Neutral – Agree – Strongly Agree
12. Nurse practitioners and physician assistants can safely administer intravitreal injections under the supervision of an ophthalmologist.
Strongly Disagree – Disagree – Neutral – Agree – Strongly Agree
-

Demographics

13. List the zip code of your office: _____
14. What is your primary practice setting?
- Solo private practice
 - Group practice, same subspecialty
 - Group practice, multiple ophthalmic subspecialties
 - Group practice, multiple medical specialties
 - Hospital Employee
 - University practice
15. What is your primary specialty?
- Comprehensive
 - Pediatric ophthalmology
 - Oculoplastics
 - Cornea
 - Cornea/Refractive
 - Glaucoma
 - Medical Retina
 - Surgical Retina
 - Uveitis
 - Neuro-ophthalmology
 - Ocular Oncology
16. What is the stage of your career?
- In training (resident or fellow)
 - First 5 years in practice (YO)
 - Middle of career
 - Within 5 years of retirement
 - Retired
17. What is your gender identification?
- Male Female
18. What social media platforms do you use for professional purposes? (Check all that apply.)
- Facebook
 - Twitter
 - Google+
 - Instagram
 - YouTube
 - Other: _____
 - None of the above
19. Are you a NYSOS member?
- I am a current member
 - I was a member in the past but allowed my membership to lapse
 - I've never been a member
 - I'm not sure
20. If you are not a member of NYSOS, why not? (Select all that apply.)
- Resisting changes in medicine is futile.
 - I am unaware of NYSOS services.
 - I am employed by a hospital or managed care organization and therefore not affected by health care trends.
 - I disagree with NYSOS's position on optometric scope of practice
 - I disagree with other NYSOS positions.
Please list: _____
 - Other: _____



THANK YOU! I greatly appreciate your participation. The NYSOS Board takes its responsibility to the membership very seriously. Here are ways in which we are serving your interests this year:

1. We have drafted a bill to allow technicians to administer dilating and anesthetic drops under the supervision of an ophthalmologist or optometrist. (Currently only licensed professionals can administer drops.) The bill, sponsored by Senator Richard Funke and Assemblymember John McDonald, III; has the support of both ophthalmology and optometry – a rare event. We therefore hope for efficient enactment of the bill into law.
2. We have taken a position against the Anthem (BC/BS) policy that cataract surgeons should be responsible for monitoring anesthesia while simultaneously performing surgery.
3. We allied with the AAO, MSSNY, and ASRS, among others, against the Anthem (BC/BS) policy to cut reimbursement for the modifier -25, and supported the effort which achieved a complete reversal.
4. We are redesigning our website and have started a Facebook page ([EyesNY](#)) to improve outreach to our membership.

Please remember to pass on this survey to your colleagues and encourage them to participate. If you have any questions about the survey or any of its contents, please feel free to contact me at garethml@gmail.com.

Additional space for survey responses or general comments:

<u>Question</u>	<u>Comment</u>
<hr/>	<hr/>



Jill Melicher, MD
Minnesota Academy of Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project: *Political Advocacy Revival Among the Minnesota Academy of Ophthalmology Members*

Purpose: Political advocacy among Ophthalmologists in the state of Minnesota has been lacking in recent years. We set out to encourage political activism among Minnesota Academy of Ophthalmology (MAO) members by planning a Day at the State Capital, increasing local grass roots efforts and developing a toolkit for members to use in the promotion of Ophthalmology to local politicians.

Methods: We established connections with key legislators and worked with Ophthalmologists within legislator districts to develop interest in eye care among our local politicians. Using the assistance of our lobbying firm, we established a Minnesota Academy of Ophthalmology Day at the Capital. In preparation for our upcoming Day at the Capital event we have developed a toolkit for members to use in the promotion of Ophthalmology to local politicians. We have worked to provide access to care maps and descriptions and photographs of surgical procedures performed by Ophthalmologists.

Results: Looking to revive political advocacy among Ophthalmologists in our state, we put a call to action out to our state's membership and the residency training programs within the state.

- 1) We have asked each member of the MAO Board of Directors to host a tour of their practice with their district's legislator.
- 2) With the assistance of our lobbying firm, we identified key dates to maximize legislator exposure and we established a Day at the Capital- February 6, 2019. In preparation for the event, we have set an agenda for the Day, we sent Save the Date information to all of our members and we have contacted our state's training programs to recruit residents to attend our event.
- 3) In preparation for legislator meetings, we established a toolkit with talking points, access to care maps and descriptions of surgical procedures written in lay terms to promote the field of Ophthalmology.

Conclusion: The legislative and regulatory facets of our profession affect the lives of Ophthalmologists and patients alike. The importance of advocacy has been well established in medicine and Ophthalmology. Ophthalmologists in the state of Minnesota have traditionally participated in conjunction with our colleagues in medicine for broader support of the Minnesota Medical Association. We feel it's equally important to promote the Minnesota Academy of Ophthalmology to our local politicians. With the help of our lobbying team, we have and will continue to focus on political advocacy among Ophthalmologists in the state of Minnesota to improve the quality of care we provide and the safety of our patients.



Darby D. Miller, MD MPH
Florida Society of Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project #1: Advocacy Ambassador Mentorship Program

Purpose: To create a formalized mentorship program specifically focusing on Young Ophthalmologists (YOs) who attend the Mid Year Forum (MYF) as Advocacy Ambassador Program participants (AAs). The mentorship program will promote advocacy sustainability and allow AAs to have an ongoing connection with a mentor after attending MYF. The goals of AA mentorship program include ongoing engagement and involvement in advocacy, outreach, and education throughout the year following MYF. Advocacy sustainability is enhanced when AA graduates continue to learn and gain experience in the real world with a mentor relating to current issues in their state/community, such as scope of practice battles, and nationally, such as Medicare reimbursement and Part B drug payments.

Methods: Prior to MYF 2018, a list of 20 mentors were constructed from different state societies, the AAO YO Advocacy Subcommittee and Secretariat for State Affairs. At MYF 2018, 25 of the AAs were assigned a mentor according to their geographic location. AA selection was based upon interest in the mentorship program. The mentor and mentee met in person at MYF in Washington, DC. The trial period for the AA mentorship program began at MYF 2018 and will end at MYF 2019. Over the course of the year, each mentor will be required to contact their assigned AA(s) every three to four months via email or phone. The mentor and mentee are encouraged to meet in person if possible (including at AAO in Chicago October 2018). The mentor will be encouraged get the AA involved in advocacy, education, and outreach events. Each event that the AA attends will be recorded. An online mentee survey was completed at MYF 2018 and additional surveys will be completed by the mentor and mentee at 6 months and one year. Results from the 6-month survey will be used to adjust the mentorship program accordingly.

Results: In the initial anonymous survey immediately following MYF 2018, 75% of AAs (12/16) said that they had a better understanding of MYF because of their mentor. 85% (17/20) of AAs answered that they would be comfortable asking their mentor questions about future advocacy events, residency training, fellowship training, and job opportunities. 95% (19/20) of AAs answered that after attending MYF in DC they would be interested in serving on one of the AAO's YO committees and/or a state ophthalmology committee. When asked what do you hope to get out of the mentoring program, 94% of AAs (17/18) responded that they expect this to be a great opportunity to meet someone with more experience with whom they can share problems and situations. Six-month results will be presented at AAO 2018 in Chicago. One-year results will be presented at MYF 2019.

Conclusion: The AA Mentorship Program has received positive feedback from the AAs, which is reflected in the initial survey results. Six-month conclusions will be presented at AAO 2018 in Chicago. One-year conclusions will be presented at MYF 2019.



Darby D. Miller, MD MPH
Florida Society of Ophthalmology
Leadership Development Program XX, Class of 2018
Project Abstract

Title of Project #2: *Medicaid Accessibility in Florida: A Pilot Study*

Background: During the hearing of a scope expansion bill in Florida (HB 1037) in early 2017, optometrists testified that only 700 ophthalmologists in the state see Medicaid patients. This unsubstantiated argument attempted to convince health policy makers that Medicaid accessibility was limited and by permitting scope expansion, access to care would be improved.

Purpose: To determine Medicaid accessibility when looking at optometrist and ophthalmologist practices in the state of Florida.

Methods: A complete list of ophthalmologists and optometrists who are registered with Medicaid, along with their demographic data, was compiled. Research by the Florida Society of Ophthalmology (FSO) and American Academy of Ophthalmology (AAO), found that over 1400 ophthalmologists are enrolled to take Medicaid patients. FSO and AAO research also found that a higher percentage of ophthalmologists are registered with Medicaid when compared to optometrists. For the pilot study, a total of 102 offices (22 ophthalmologist offices and 80 optometrist offices) were contacted by telephone to determine if (1) they accept Medicaid patients (adults and/or children) and (2) their appointment availability. Callers strictly adhered to a phone script (see attached). Zip code was used to identify county of the participants. The county was then matched (<http://www.ers.usda.gov/data-products/urban-influence-codes.aspx>) to get the Urban Influence Codes. UIC code ranges from 1 to 12. UIC codes 1-3 were considered "urban" in this study. Categorical survey answers were summarized as frequency (percentage) and continuous survey answers were summarized as median (range). Categorical survey answers were compared between MD and OD using Fisher's exact test and days to next appointment were compared using Wilcoxon rank sum test. All tests were two-sided with alpha level set at 0.05 for statistical significance.

Results: Overall, 21/22 (95.4%) of ophthalmologists accept some type of Medicaid, whereas 67/80 (83.8%) of optometrists accept some type of Medicaid (Fisher: 0.29). Looking at new patients, 86% of ophthalmologists compared to 76% of optometrists will take new patients with some kind of Medicaid. Looking at adults patients, 91% of ophthalmologists compared to 85% of optometrists will take adult patients with some kind of Medicaid insurance. Regarding weekend availability, 64% of ophthalmologists compared to 56% of optometrists had Medicaid appointments available on the weekends. When looking at urban vs. rural based on zip code and UIC code, 68% of ophthalmologists compared to 49% of optometrists were located in an urban area. Looking the time to next appointment, the median number of days until the next appointment was 9 days for ophthalmologists compared to 8 days for optometrists (not statistically significant).

Conclusion: In this pilot study, a higher percentage of ophthalmologists see Medicaid patients when compared to optometrists overall, when looking at new and adult patients, and on the weekends. The weekend availability rate was unusually high for both ophthalmologists and optometrists. Time to next appointment was similar between ophthalmologists and optometrists. There is a higher percentage of ophthalmologists in urban areas compared to optometrists. A larger study looking at a larger number of ophthalmology and optometry offices that accept Medicaid across the state of Florida is underway.



**Kenneth F. Roberts, MD FRCS (C)
Canadian Ophthalmological Society
Leadership Development Program XX, Class of 2018
Project Abstract**

Title of Project: *Determining the Accessibility of Canadian Ophthalmologists in Urban, Rural and First Nations Reservations.*

Purpose: To determine how accessible Canadian ophthalmologists are as measured by driving time, distance travelled and catchment area. With increasing efforts for scope expansion by other non-MD health providers, lack of access is the most often cited reason to justify an increased scope of practice. Access to health care on First Nations reservations has had renewed interest and data on access to eye care is largely absent.

Methods: Canadian census data was collected from publicly available sources within Statistics Canada (www.census.gc.ca). Each province was divided into regions based on the first three characters of the postal code. Using a list of current Canadian Ophthalmological Society members office locations, the average distance (kilometers) and drive time (minutes) was calculated for each postal code region. A script add-on to Microsoft Excel (CDXZipStream Technologies) facilitated the calculations in two steps. First, the population postal code list and COS member list were used to identify which ophthalmologist's office was nearest to each region, and second to calculate the distance and time it would take to reach the nearest office. Driving calculations were done using Bing maps and were divided into 4 categories (0-10 mins, 11-30 mins, 31-60 mins and 60+ mins). A database of the largest First Nations reservations was made for each province and a survey was undertaken to understand how eye care is facilitated.

Results: The database demonstrates that 79% of Canadians live within 30 minutes of an Ophthalmologist and 89% live 1 hour or less of driving time. Three provinces Saskatchewan, Northern Ontario and Newfoundland demonstrated high driving times for rural areas with more than 1/3 of the population being more than 60 minutes away from the nearest ophthalmologist (SK – 37%, N-Ont – 41%, Nfld – 47%). Southern Ontario had the highest proportion of people living less than 10 minutes to an ophthalmologist (61%) and Northern Ontario had the lowest (19%). These results demonstrate that nearly 4,000,000 rural Canadians are more than 1 hour away from the closest ophthalmologist. Further calculations showed that in several rural areas a solo-practitioner had a catchment area of over 100,000 people. First nations eye care survey demonstrated that 67% of reservations were located more than 1 hour away from an Ophthalmologist, many of which are only accessible by air travel.

Conclusions: Nearly ninety percent of Canadians are within a reasonable driving distance to medical eye care delivered by an Ophthalmologist. Three provinces were identified as having a high percentage of the population with high driving times to an ophthalmologist. Two of these provinces are large in area (Sk and N-Ont) and one is almost entirely comprised of small, remote fishing villages (Nfld). First Nations reservations were identified as having the longest travel time of any Canadian area, with more than two-thirds further than 1 hour away from the nearest ophthalmologist. This information will be useful for future advocacy discussions as well as resource planning on a national and provincial level.



**Peter Veldman, MD
Cornea Society
Leadership Development Program XX, Class of 2018
Project Abstract**

Title of Project: *Design and Implementation of a Defined Scope Mentorship Program for the Cornea Society.*

Purpose: To create a topically-based defined scope mentorship program and to implement such a program in collaboration with the Cornea Society University. This program will pair interested mid-career and senior corneal specialists with more junior corneal specialists and fellows. Mentorship topics will cover a broad range of topics, vetted by society leadership and the young physician task force.

Methods: I have created survey instruments targeting mid-career and senior members of the Cornea Society in order to identify their interest in participating in targeted mentorship engagements, as well as their preferred mentorship topic(s). Identified topics will be compiled and utilized to complete a survey of recent cornea fellowship graduates (within the last 3 years) to elicit their interest in participating in this program as well as their preferred mentorship area. I have created clear guidelines to be signed off on by each participant for the undertaking of a successful limited scope mentorship engagement. The mentee will be expected to complete a worksheet detailing their particular interest/need, in order to facilitate the engagement and the pair will be expected to set at least three mentorship sessions (initial and two follow-up), potentially including an in person meeting coinciding with a national meeting. The system for soliciting mentors and mentees will soon be integrated into the Cornea Society University (CSU) Portal (www.corneasocietyuniversity.org). Subsequent matching of mentees and mentors will be done on a routine basis, approximately four times a year, depending on level of participation and interest.

Results: While fully developed and vetted, final implementation of this program is pending due to incomplete web and database integration and the recent departure of the society's technical support staffer.

Conclusion: This program has the potential to add significant value to Cornea Society membership for junior members, while also allowing more senior members to share their expertise in a targeted, time efficient and fulfilling manner. This may be particularly of interest to those more senior members of the society who do not routinely have the opportunity to mentor more junior physicians. Vertical integration of the society, uniting more senior and junior members, is crucial to encouraging and fostering young physician engagement and ultimately preserving the vibrant society that we enjoy at present well into the future.