



Spring Council Meeting Council Advisory Recommendation (CAR) Hearing Report April 20, 2024

24-01: Problem: Mandated Pediatric Comprehensive Eye Exams

SUBMITTED BY: American Association for Pediatric Ophthalmology and Strabismus

PRESENTED BY: Stacey J. Kruger, MD – Councilor

ACADEMY RESPONSE BY: John D. Peters, MD – Secretary for State Affairs

PROBLEM STATEMENT: State-wide mandatory COMPREHENSIVE eye exams for children are currently promoted by many groups, most notably large optometric organizations. At present, vision SCREENING examinations are recommended in a policy statement jointly authored by the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), American Academy of Pediatrics (AAP), American Association of Certified Orthoptists (AACO) and American Academy of Ophthalmology (AAO)¹. Vision screening is also supported by the United States Preventative Task Force (USPTF)². This encroachment by organized optometry into pediatric eye care comprises a significant attempt at scope expansion (or at minimum a way to increase volume/revenue) that adversely affects patients, pediatric ophthalmologists, and our healthcare system.

DID THE ACADEMY’S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	93%
No	7%
Abstain	0%

PRIORITY: HIGH

Low	10%
Medium	14%
High	76%
Abstain	0%

Comments from the CAR Hearing:

- Steven Thornquist, MD: This is a big issue, just like a scope issue. The Academy’s response is good, but please ensure that the webinar is available on-demand, and available for an extended time.
- Tim Daley, MD: As a pediatric ophthalmologist, I support this CAR. But I do think we should partner with the pediatricians and family practitioners as we’ll be leaning on them to do the screening. There are some codes that provide minimal reimbursement for vision screening exams and instrument-based screening. The toolkit should be assembled with them in mind.
 - Response: Stacey J. Kruger, MD: We are already leaning on our pediatric physicians. There already exists a joint policy statement, published in *Pediatrics*, which is the main journal for the American Academy of Pediatrics; it’s authored by the AAO and AAPOS. There are only 10 states in the country that don’t have legislative or Health Department guidelines about checking vision in children, and those are the ones we want to go after proactively.

- Scott Goldstein, MD: In 2019, Pennsylvania passed updated screening legislation that's still being propagated. Five years later we are still working to get it in place. But interestingly, the optometrists in PA are pushing for a mandated pediatric comprehensive eye exam right now. We have an Advocacy Day on May 6 in Harrisburg to address this issue. It's interesting when I speak with legislators, they question why I would be against comprehensive pediatric eye exams, as it sounds as if this were something I would want to support. But until you get into the issues and highlight the differences between screening, which is highly effective, and the impact and cost of comprehensive eye exams, they don't get it. The Pennsylvania Academy of Ophthalmology co-sponsored this CAR, we strongly support it and highly appreciate the efforts of Stacey Kruger, AAPOS and all the people who put this CAR together.

24-02: Sharing Member Contact Information Among States and AAO

SUBMITTED BY: Illinois Society of Eye Physicians & Surgeons

PRESENTED BY: Krishna Patel, MD – Councilor

ACADEMY RESPONSE BY: Aaron M. Miller, MD, MBA – Secretary for Member Services

PROBLEM STATEMENT: State societies need to be able to communicate quickly and effectively with new doctors in the state. However, the list of these potential members sent periodically to the states lacks email addresses. As a result, the state society is forced to send a letter through the US Postal Service which may not be effective.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes	92%
No	6%
Abstain	2%

PRIORITY: HIGH

Low	5%
Medium	30%
High	65%
Abstain	0%

Comments from the CAR Hearing:

- Michael Pisacano, MD: I am in support of this CAR. It's really important to have access to the Academy members' email addresses. As we know, the Academy has a much greater percentage of members than state societies. In our regional meeting yesterday, an Advocacy Ambassador from New York said she had never heard of the New York State Ophthalmological Society until she had to fill out her registration form for the Advocacy Ambassador Program. This means we really are not doing a great job of building awareness, and this is definitely one way of making more people aware of their state society.
- Sally Primus, MD: I appreciate the Academy's response and the need for opting-in or opting-out. We've talked so much about getting the young ophthalmologists involved, and residents are often inspired to be involved in advocacy, but it falls apart when they move to a different state. Allowing us to have their email addresses would give us the opportunity to send personalized messages from our Board to welcome them when they move into our state.
- Gary Hirshfield, MD: If this is possible or even legal, instead of having to opt-in, can we require them to opt-out? This would be more effective in creating the kind of effect we want this CAR to have.
 - Response from Aaron A. Miller, MD, MBA: Legally, we must have them opt-in.
- Dan Drysdale, MD: Can cell phone numbers be included in the contact information? Email is the new snail-mail, and it is not as effective as it once was. Having the cell phone number included would be a great benefit to the state societies. Also, the verbiage in the option to opt-in or out should encourage the members to opt-in.
 - Response from Aaron A. Miller, MD, MBA: We're open to looking into the idea of including cell-phone numbers but would need to get legal clarification on this. But the underlying comment I have is that if we don't get members to opt-in, it makes it very difficult for us to do any of this. We ask everybody here to help get members to opt-in, it's a critical part of making this work.
- Sue Burden, MD: Most opt-ins have a sweetener. Can there be a sweetener for this opt-in?

24-03: Virtual Board Service Training Module

SUBMITTED BY: New York State Ophthalmological Society

PRESENTED BY: Michael A. Pisacano, MD - Councilor

ACADEMY RESPONSE BY: John D. Peters, MD - Secretary for State Affairs

PROBLEM STATEMENT: For many, serving in a leadership position with the state eye society might be a physician's first experience with board service. Many state ophthalmological societies are managed by a staff of one who is akin to a "Jack of all trades" juggling membership, marketing, social media, finance, communications and advocacy functions. That staff person may not have the resources, legal or otherwise, to develop a comprehensive orientation and training session for new board members.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes 99%

No 1%

Abstain 0%

PRIORITY: HIGH

Low 0%

Medium 6%

High 94%

Abstain 0%

Comments from the CAR Hearing:

- Kurt Heitman, MD: Speaking in support of this CAR, it has been my experience in working with state societies that the weakness is often in the leadership of the physicians, not so much the society Executive Director. This CAR can go a long way in strengthening the leadership skills of the governing boards of state societies. This would help with scope battles and is invaluable training. I'd like to see a little bit of state affairs/scope issues be put into the training.
- Bill Clifford, MD: I'm highly in favor of this CAR. The fact is you should be familiar with Roberts Rules of Order and Mason's Manual of Legislative Procedure. We spend a lot of time in the scientific lane, but if we're going to be society leaders we need to understand this process and I think this is of high importance.
- Richard Bryan, MD: On behalf of the smaller states, I think this CAR is incredibly important. Just the other day, my incoming chairman asked me, "What do I do? How do I do this?" For smaller states with limited resources like we have, this would be an incredibly valuable tool.

24-04: Bold New Vision for Addressing the State Society Membership Crisis

SUBMITTED BY: New York State Ophthalmological Society

PRESENTED BY: Sarwar Zahid, MD – Councilor

ACADEMY RESPONSE BY: Aaron M. Miller, MD, MBA – Secretary for Member Services

PROBLEM STATEMENT: According to data from the 2021 AAO State Organizational Survey, average state membership for practicing eye physicians nationally is a woeful 39.5% (given this data is already two years old, the current percentage is most likely even lower). Many state societies are on the brink of financial crisis. While well-intentioned, joint billing, whereby a state society’s dues notice is included in the Academy’s dues mailing, has yielded no significant impact on state society member recruitment or retention. Stakeholders must identify ways to keep state organizations solvent so that they can continue to fulfill their mission and serve the needs of constituent eye physicians.

The legislative and membership functions of state eye societies are interconnected and equally important. Without a healthy base of participants, an organization doesn’t have the “foot soldiers” to advocate with legislators and lacks the income necessary to hire and maintain a lobbying team and professional staff. It is now essential that the Academy and state societies explore alternate models of integration that emphasize efficiency, economy, and where the whole organization can be greater than the sum of its parts.

The existing membership framework is not sustainable in the long term. While well-intended, ad hoc solutions like recognizing state society members with an asterisk in the Academy Directory, tag lines on emails, or including a state society dues notice with the Academy’s invoice, are simply inadequate. Our experience has demonstrated that band aid solutions don’t work. If we are to have a bold vision for the future, we must have a bold response to the state society membership crisis.

DID THE ACADEMY’S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? NO

Yes	26%
No	68%
Abstain	6%

PRIORITY: HIGH

Low	1%
Medium	3%
High	96%
Abstain	0%

Comments from the CAR Hearing:

- Scott Goldstein, MD: Speaking in favor of this CAR, I would like to note that when I did my Leadership Development Program project, I looked at state membership trends. In 2008, 58% of ophthalmologists were members of their state societies. By 2017, it was 42% and it currently hovers about 36-37% even though approximately 92% of ophthalmologists are members of the Academy. Forming a working group to discuss these issues is going to help. During the Metro East Council regional meeting yesterday, I believe 100% of those in attendance supported this idea. The reality is most people will only pay for 1-2 society memberships, so if the state ophthalmology society member dollars are rolled into the Academy membership fees, more people will pay it. I do appreciate the struggles the Academy has in doing all of the wonderful things it does, but it is an easy way for us to continue to work together to support each other.

- Gary Hirshfield, MD: I'd like to re-emphasize the previous comments about the Metro East regional meeting. I chaired the meeting, and I posed the question to all attendees, "Would you support unified dues?" and it appeared that perhaps 100% said "yes." All councilors had their hands up, and most of the Advocacy Ambassadors did too. They are not as versed in the state society issues but felt it would make them join their state society.
- Peter Quiros, MD: From the North American Neuro-Ophthalmology Society (NANOS) perspective, our board did not co-sponsor the CAR. The board felt the greater issue was engagement. In the CAR's current form, we felt it conflated membership numbers with engagement, and they are not the same thing. Any solution to this problem needs to emphasize ways to engage people, not just add numbers to a ledger. From a personal perspective, as the Member Services Secretary for the Pan-American Association of Ophthalmology (PAAO,) we used to offer joint membership. You could join your national society and get a membership with PAAO. What happened is that we saw people had allegiance to one society or the other. It didn't matter that you had more dues money coming in, as there wasn't any sense of ownership of the secondary membership. There is always a primary and a secondary membership. Any working group is going to need to tackle that topic. There is a risk with small state societies that if you join both, people will see themselves as Academy members and the state ophthalmology societies may sink into a forgotten oblivion. When PAAO separated the dues out we actually increased the number of people that felt ownership of their PAAO membership. It was a failed project for PAAO, but perhaps the Academy can find a better way to do it. This is a cautionary tale.
- Amy Estes, MD: On behalf of the Georgia Society of Ophthalmology, we support this CAR. As we all know, state society membership is critically important to state battles and our society feels that by addressing this at the national level, hopefully it will allow state societies to remain viable in the future.
- Don Morris, DO: In looking at the response, Academy members will be asked via an all-member survey in September 2024 to share their perspective on unified membership. While this is a wonderful opportunity I'd like to know how exactly how that question is going to be stated, and who is going to write it? If it's presented that this will simply raise their dues and not explain why, or what's going on, then it will immediately sink. While I have faith in the Academy, it's important that state societies agree with how the question is framed.
 - Response from Aaron A. Miller, MD, MBA: The Academy uses an independent third party for our surveys. It is absolutely important to consider your point, and this is why we use a third party for our surveys.
- Bill Clifford, MD: I think we know the importance of the state societies in everything we've discussed here. I don't think the Academy's response to this CAR was adequate. The CAR asked for state society Executive Directors to be at the table. And this group functions to facilitate our responses to scope battles, and obviously they direct our societies. They are largely AAOE members, and I think any task force should include them. I would also suggest they name the task force the Craig Kliger Task Force in honor of the Executive Director of the California Academy of Eye Physicians and Surgeons who was mentioned earlier.
- Sally Primus, MD: I am in support of this CAR and in support of the Executive Directors being a large part of this. In response to the comment that it's not just about the numbers, it's about the advocacy - we are at critical mass in most of the states; if we don't support the states and they crumble - rebuilding them at the time of a scope battle will be impossible. We must be able to maintain the membership that we do have.

- Michele Miano, MD: The New Jersey Academy of Ophthalmology co-sponsored this CAR. I'd like to express my strong support for this CAR. I understand the importance of engagement, but in New Jersey we really need more members, and we need their dues.
- Issac Ezon, MD: I can't imagine anybody going to their state assembly or the house or the senate and being able to say "I represent the ophthalmologists in my state" when I only have 20-23% of the state ophthalmologists in my society. As Scott mentioned, we had 58% of ophthalmologists in 2009, then 39.5% in 2022 and now 37%. We are losing 2.5% a year. In 15 years, we will be down to zero. We need money and we need members so when we go to the state we can honestly say that we do represent ophthalmologists. One of my colleagues from the Subspecialty section said there may be apathy or a disconnect within the society members, but I still need them on my list. 92-97% of optometrists are members of their state society because they pay their dues together. We can't go in at 37% when they are at 97%.
- Jaime Membreno, MD: I stand in support of this CAR and the past comments made. I want to emphasize the importance of adding staff to the workgroup as well.
- Gary Hirshfield, MD: I've determined that state societies are on a decreasing trajectory to going out of business. Regarding the New York State Ophthalmological Society, I've been to at least a half-dozen retreats, originated by states and the Academy, and we talk about the member benefits, the discounts, the robust meetings, the social aspect, etc., and we implement new concepts, and then they peter out and we lose 10 more members each year. Maybe different societies have different successes, but in general, we are looking at the state societies having no function in modern ophthalmology except for advocacy. But we don't support advocacy, with only 10-15% of the members supporting OPHTHPAC. People are not joining a state society for the role of advocacy. If we give up on our state societies we will give up our seat at the table on scope issues. Jim Tsai, MD pointed out that if we lose scope battles in 20-40% of the country, the Academy will become the American Academy of Eye Care Providers, or it will go out of business. So, we're choosing between going out of business at the state level, perhaps damaging the Academy - or doing something radical like this CAR suggests.
- Diana Shiba, MD: I support this CAR and the second motion made previously by my colleague today.

24-05: Employing Optometrists Prudently in Ophthalmological Practices

SUBMITTED BY: Michigan Society of Eye Physicians and Surgeons

PRESENTED BY: Thomas A. Byrd, MD – Councilor

ACADEMY RESPONSE BY: John D. Peters, MD – Secretary for State Affairs

PROBLEM STATEMENT: Over half of the ophthalmological practices in the United States affiliate with optometrists as employees or independent contractors. Optometrists may wish to practice to the limits of licensed scope as defined in their home state legislation. However, this may be inconsistent with the policies of the AAO (one example is incisional or laser procedures) and sound medical practice.

DID THE ACADEMY'S RESPONSE SUFFICIENTLY ADDRESS THE ISSUES STATED IN THE CAR? YES

Yes 62%

No 25%

Abstain 13%

PRIORITY: MEDIUM-LOW

Low 29%

Medium 47%

High 24%

Abstain 0%

Comments from the CAR Hearing:

- No Comments