

Academy Notebook

NEWS • TIPS • RESOURCES

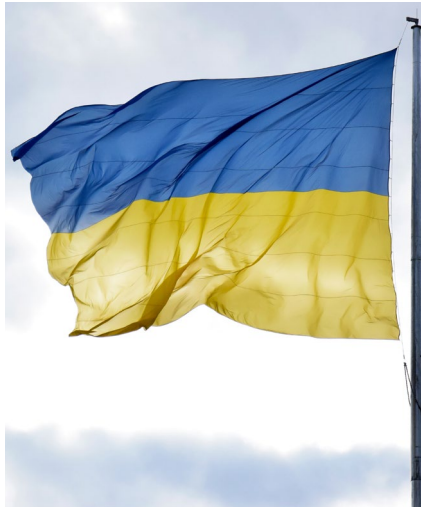
WHAT'S HAPPENING

The Academy Stands With Its Colleagues in Ukraine

In response to the attack on Ukraine, the Academy expressed deep concern for ophthalmologists, their patients, and people across Ukraine. The invasion has put their lives and safety at risk and disrupted the delivery of ophthalmic and medical care. The Academy reached out to its Ukrainian members and colleagues through the Ukrainian Society of Ophthalmologists and the Ukrainian Alliance of Ophthalmologists (UAO) to convey the Academy's support. On March 2, Academy CEO Stephen D. McLeod, MD, wrote a letter to UAO President Oksana Vitovska, MD, and as a small gesture of solidarity, offered Ukrainian universities educational materials to help rebuild their ophthalmology departments when the time comes.

Eye trauma guide. In the meantime, because those living and working in war zones are at risk for devastating eye injuries and blindness, the Academy partnered with the American Society of Ophthalmic Trauma to disseminate a one-page guide for eye trauma on social media. Find it at aao.org/war-time-injury to download and share.

How to help. If you're interested in making a donation to aid Ukrainians



SUPPORT FOR UKRAINE. *The Academy expresses concern and offers resources to colleagues in Ukraine.*

under attack, the Academy recommends contributing to Heart to Heart International, AmeriCares, or Direct Relief.

At time of press, the Academy continues to monitor the situation and plans to help as it is able.

TAKE NOTICE

2022 MIPS: June Deadlines for EHR-Based Reporting

The IRIS Registry can streamline your reporting for the Merit-Based Incentive Payment System (MIPS) if you meet the deadlines.

Report MIPS quality measures using automated data extraction. The least burdensome way to report MIPS quality measures is by integrating your electronic health record (EHR) system with the IRIS Registry.

June 1 deadline for getting started and selecting measures for data mapping. If you haven't yet integrated your EHR system with the IRIS Registry (or if you signed up last year but did not integrate), notify the IRIS Registry staff of your intention by June 1. June 1 is

also the deadline for selecting quality measures for data mapping.

June 15 deadline if you have system changes. You may need to repeat the data mapping process if you have made changes to your practice management system or EHR system, such as a system upgrade, a move to cloud-based storage, or a move to another EHR system. You will need to notify the IRIS Registry vendor by June 15. If you are working with Verana Health (see next story), contact your Practice Experience Manager or email irisdatalink@veranahealth.com. If you are working with FIGmd, submit a help desk ticket (aao.org/iris-registry/submit-help-desk-ticket).

For more information on using the Academy's IRIS Registry for MIPS, go to aao.org/iris-registry/medicare-reporting. Also use the *2022 IRIS Registry Preparation Kit and User Guide* (see page 55).

Attention IRIS Registry-EHR Users

If your practice has integrated its electronic health record (EHR) system with the IRIS Registry, it should have received a letter about the ongoing integration process, which is being transitioned from FIGmd to Verana Health. The transition includes the rollout of a new dashboard to track performance rates for quality measures.

Verana Health or FIGmd in 2022? Some practices are being transitioned to the new dashboard in 2022 and will report this year's MIPS quality data with the support of Verana Health.



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However, some practices will continue to report 2022 MIPS via FIGmd before transitioning to Verana Health in 2023.

Not all EHR systems will be transitioned. For several small EHR systems that do not meet the criteria for transition, FIGmd will continue to support 2022 MIPS reporting. Practices with these ineligible EHR systems will need to switch EHR systems or find another way to report 2023 MIPS.

Not heard from Verana Health? If you have not yet heard from Verana Health, email irisdatalink@verana-health.com. You might need to update their contact information for your practice's IRIS Registry point person.

For more information, visit aao.org/iris-registry/ehr-systems or see “Verana Health and the IRIS Registry” on page 64 of the MIPS supplement that arrived in the mail with this issue of *EyeNet*.

EyeWiki International Contest Articles Due June 1

Ophthalmologists from outside the United States are invited to participate in the EyeWiki 2022 International contest. To enter, write and submit an original EyeWiki article and use the “Enroll in the International Ophthalmologists contest” submission button on the article page by June 1. Winners of the annual international contest will receive the Academy's *Basic and Clinical Science Course Complete Set eBook* series.

Learn more at eyewiki.org/International_Ophthalmologists.

Volunteer Opportunity: Write for Practice Management Express

The American Academy of Ophthalmic Executives (AAOE), the Academy's practice management affiliate, welcomes new writers for its weekly newsletter. *Practice Management Express* offers information on running a successful ophthalmic practice. Write a 500- to 800-word article that provides strategies, tips, and other resources that members can implement. Story topics include business operations, patient experience, and more.

Before you start writing, contact the AAOE program manager at aaoe@aao.org to discuss your proposed topic.

Learn more at aao.org/volunteering and choosing “Write.” (This is just one of many Academy volunteer opportunities.)

Interested in an Externship?

Are you interested in an externship opportunity with a leading refractive, cataract, cornea, or lens-based surgeon? The International Society of Refractive Surgery (ISRS) is now offering its members a chance to bolster their clinical knowledge in imaging technology, diagnostic devices, and various surgical platforms by learning alongside colleagues through the ISRS Externship Program.

These training opportunities are offered by leading ISRS members in Africa, Asia, Europe, Latin America, and the Middle East, and they last between two weeks and three months. Stipends are available to help cover expenses such as airfare, transportation, lodging, and meals.

Learn more at isrs.org/externships. Fall applications are due June 1.

List a Training Opportunity

The Academy's Global Directory of Training Opportunities is an online resource for ophthalmologists seeking a training experience outside their country, and it's a great way for institutions or practices to reach the broadest pool of candidates. If you have a fellowship or observership that accepts ophthalmologists outside your country, list your opportunities in this free directory.

1. Visit aao.org/gdto-submission.
2. Click “Submit a Training Opportunity.”
3. Log in (will save you time later).
4. Enter opportunity information.

For more information, visit aao.org/training-opportunities.

Ask the Ethicist: Pretreatment Assessment on Day of Surgery

Q: *A colleague often operates on patients that he sees for the first time in the ambulatory surgery center on the day of surgery. He does not perform an ophthalmic examination but reviews the history and exam findings from the referring ophthalmologist, with whom he*

has worked for many years, before obtaining informed consent. In other cases, however, the referring providers are not physicians, and their scope of practice does not include cataract surgery. Is either of these scenarios a violation of the Academy Code of Ethics?

A: Yes, both scenarios violate Code of Ethics Rule 6 (Pretreatment Assessment). Rule 6 states, in part, “The ophthalmologist must evaluate and determine the need for treatment for each patient. If the pretreatment evaluation is performed by another health care provider, the ophthalmologist must ensure that the evaluation accurately documents the ophthalmic findings and the indications for treatment.”

Rule 6 does not allow for the assumption of an appropriate prior assessment. Instead, it requires the ophthalmologist who will perform each surgery or treatment to make his or her own assessment. If this does not occur, then Rule 6 has been violated.

Many ophthalmologists delegate portions of their preoperative assessment to qualified health care providers, but it is still their responsibility to verify those findings before proceeding with surgery or treatment.

Code of Ethics Rule 2 (Informed Consent) does not require the informed consent process to take place prior to the day of surgery. However, for the comfort of the patient and for liability reasons, it is a good practice. Obtaining a patient's consent on the day of surgery may be construed as coercion, especially if the patient feels pressured or uncomfortable asking questions or voicing concerns.

To read the Code of Ethics, visit aao.org/ethics-detail/code-of-ethics.

To submit a question, email ethics@aao.org.

OMIC Tip: Who Can Perform Fluorescein Angiography?

Although generally well tolerated, fluorescein angiography (FA) is an invasive procedure that carries risks. So who should perform it?

State laws vary as to who may perform venipuncture and administer intravenous fluorescein dye. In some states, unlicensed personnel are allowed

to perform venipuncture after completing specific training and certification, while other states allow only licensed personnel, such as registered nurses, to administer fluorescein.

Determine your state's laws governing venipuncture and the administration of IV fluorescein by contacting your state medical society, state ophthalmology society, medical board, and nursing board. If the law does not specify who may perform these tasks, seek the advice of your practice attorney.

Lean more about OMIC's FA recommendations and consent at www.omic.com/fluorescein-angiography.

OMIC offers professional liability insurance exclusively to Academy members, their employees, and their practices.

ACADEMY RESOURCES

Now Available: Free 2022 IRIS Registry Preparation Kit

The 2022 IRIS Registry Preparation Kit and User Guide is a detailed instruction manual that supports you throughout the year as you use the IRIS Registry to optimize patient outcomes, report your performance on quality measures, and efficiently report Merit-Based Incentive Payment System (MIPS) measures. The kit includes:

- updated roadmaps for small and large practices;
- tips to avoid common pitfalls;
- frequently asked questions; and
- quality measure benchmarking tables and specifications.

This valuable resource is available as a free downloadable PDF or for purchase as a spiral-bound book.

Use of the IRIS Registry for manually reporting quality measures is a free Academy member benefit. Similarly, if you have an eligible electronic health record (EHR) system, the integration process is free for Academy members.

Learn more and download this resource at aao.org/iris-registry.

New Surprise Billing Law

The No Surprises Act legislation, which became effective Jan. 1, is meant to protect patients from getting surprise medical bills for emergency and non-emergency services. The Academy has

D.C. REPORT

What Will Postpandemic Telehealth Look Like?

Since the start of the COVID-19 pandemic, many people have longed to get back to normal—but in areas like telehealth, the “new normal” has some advantages over the old.

CMS pandemic waivers. In March 2020, CMS acted to ensure continued access to medical care during the pandemic by issuing waivers that expanded the use of and reimbursement for telehealth. These waivers remain in place today because of multiple extensions to the public health emergency.

Since the start of the pandemic, CMS waivers have allowed doctors to:

- use telehealth with patients in all locations, not just those in rural areas, including patients who reside in a different state;
- see new and existing patients via telehealth;
- bill for phone and video telehealth services as if the services had been delivered in person; and
- allow patients to access care from their homes.

Prior CMS policies. Before the pandemic, CMS covered telehealth appointments only for those in certain locations (mostly patients or physicians in rural areas). CMS also paid less for consults conducted virtually rather than in person.

Making CMS updates permanent. In March, President Biden signed into law the Consolidated Appropriations Act, which included a provision to extend existing telehealth flexibilities for five months after the end of the public health emergency declaration. Making these policies permanent will require additional congressional action, and telehealth does have bipartisan support on Capitol Hill.

The Academy's stance. The Academy supports congressional action to make the expanded use of telehealth permanent. Ophthalmologists should have the latitude to use telehealth based on what's best for the patient. Some ophthalmology practices have already made telehealth a permanent part of operations. Many consults don't require an in-person visit, even if the patient lives in a more urban setting. Arranging transportation can be just as difficult in some cities as it is in rural areas.

The Academy will continue to push for policies that give ophthalmologists the greatest freedom to evaluate new technologies and provide the best care to patients.

developed new resources to help you navigate the changes and is working to shape how the rule is implemented.

Learn more at aao.org/surprise-billing.

2022–2023 BCSC: Important Updates

The 2022–2023 edition of the *Basic and Clinical Science Course (BCSC)* is available for advance order starting mid-May. Starting in mid-June, print volumes will ship, and eBooks will be available for download. Practicing ophthalmologists and residents

worldwide use the *BCSC* to ensure the highest-quality patient care.

The new edition includes major revisions to the following:

- Section 3: Clinical Optics and Vision Rehabilitation
- Section 6: Pediatric Ophthalmology and Strabismus
- Section 12: Retina and Vitreous

Whether you opt for the print or the eBook format, you may purchase an individual section, or you can save when you buy a complete set of all 13 sections of the *BCSC*.

For more info, visit aao.org/bcsc.