

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

Academy Vice President for Membership and Alliances Jane Aguirre Retires

After 42 years at the Academy, Jane Aguirre retired from her position as vice president for Membership and Alliances on June 30. Throughout her career, she played a pivotal role in many Academy initiatives, including:

Code of Ethics. In the early 1980s, Ms. Aguirre guided the development and launch of the Academy's Code of Ethics (aao.org/code-of-ethics). Her division still staffs the Ethics Committee.

Membership categories. When the American Association of Ophthalmology merged with the Academy in 1981, Ms. Aguirre was deeply involved in the integration. At this time, she created special membership categories for international and resident ophthalmologists that are still used today.

AAOE. Later, she oversaw the development of the Academy's first practice management programs and services, as well as The Academy Network, the precursor to the American Academy of Ophthalmic Executives (aao.org/practice-management).



DETERMINING WORK INTENSITY. Dr. Portney presented at Mid-Year Forum 2023, joined by (left to right) presenter Dr. Berkowitz, moderator James C. Tsai, MD, MBA, and Secretary of Federal Affairs Dr. Glasser.

OMIC. Ms. Aguirre played a pivotal role in establishing the Ophthalmic Mutual Insurance Company (OMIC), a critical Academy partner and source of value for members (www.omic.com). She traveled across the country to recruit ophthalmologists, raise capital, and oversee initial operations.

International programs. While Ms. Aguirre's leadership impacted virtually every area of the Academy, she perhaps is best known for leading the Academy's international programs (aao.org/international). She showed unflinching commitment to the needs of ophthalmologists in every country—particularly those with developing economies.

Minority Ophthalmology Mentoring program. Her efforts to bring diversity, equity, and inclusion to the Academy led to the development of the Minority Ophthalmology Mentoring program (aao.org/minority-mentoring).

Read more about Ms. Aguirre's impact at aao.org/jane-aguirre-retirement.

Special Mid-Year Forum Session Covers Work Intensity

How intense is cataract surgery? In response to an Academy solicitation, researchers submitted proposals to quantify the work intensity associated with cataract surgery. The authors of the winning proposals, Sean Berkowitz, MD, MBA, and David S. Portney, MD, received complimentary registration and housing for Mid-Year Forum 2023 in Washington D.C. in April. The two ophthalmology residents presented at a special session, titled "Leading Efforts on Determining Work Intensity."

Dr. Berkowitz presented his proposal on using biometric data to document the intensity of cataract surgery. His team at Vanderbilt Eye Institute (where he is in training) and the Department of Electrical Engineering hypothesize that biometric and neurofeedback data, including heart rate variability and electroencephalogram, can be used to measure stress and cognitive workload cadence in the operating room. The team also suggests that cognitive workload and stress measures will



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demonstrate increased work intensity during complex intraocular surgical maneuvers compared with routine surgical steps, preparatory steps, and wet lab-based exercises.

Dr. Portney presented his proposal to analyze surgical time and comorbidity and compare cataract surgery with other common surgeries performed by other specialties. His team at Kellogg Eye Center at the University of Michigan (where he is training) believes that the intensity of care and assumed risk in treating complex patients should be taken into consideration in deciding health policy reimbursement. His team hypothesizes that patients undergoing cataract surgery have a higher relative comorbidity burden than those of other high-volume, low-urgency surgeries. Currently, the team plans to compare cataract surgery to knee arthroscopy, carpal tunnel release, laparoscopic inguinal hernia repair, and orchiopexy.

Effect on CMS reimbursement.

Academy Secretary for Federal Affairs **David B. Glasser, MD**, explained that cataract surgery reimbursement is scheduled to be reevaluated in 2025; however, it could come up sooner because it is performed frequently with other procedures. The AMA's Specialty Society Relative Value Update Committee (the RUC) will lead the reevaluation process to determine how many work relative value units (wRVUs) should be assigned to cataract surgery.

Quantifying the physician intensity—in addition to the duration—of surgery is essential in providing an appropriate value for wRVUs. This is important because CMS considers the RUC's recommendations in the annual Medicare Physician Fee Schedule.

Contribute to the conversation about measuring physician work intensity by sharing ideas and peer-reviewed studies at healthpolicy@aao.org.

FOR THE RECORD

Annual Business Meeting

Notice is hereby given that the Annual Business Meeting of the American Academy of Ophthalmology will be held during the AAO 2023 Opening Session, which is on Saturday, Nov. 4, in the

Esplanade Ballroom at the Moscone Convention Center in San Francisco from 9:00 to 10:30 a.m. PT.

TAKE NOTICE

Don't Miss the Global Ophthalmology Summit in Atlanta

Join your global ophthalmology colleagues for the second Global Ophthalmology Summit from Sept. 8 to 10 in Atlanta. Designed for those interested or involved in global eye care, this event's goal is to improve eye health and eliminate vision loss by delivering care, public health advocacy, education, and research. Registration is open and discounts for the official hotel are available through Aug. 17.

Register and book your room today at www.globalophthalmologysummit.org.

Share Your 1-Minute Videos

Do you have surgical or clinical pearl videos that are under two minutes? Share your best practices with Academy members on the ONE Network by submitting a previously unpublished video. Preferred formats are MOV or MP4.

Log in and submit your video at aao.org/submit-a-video.

Volunteer: Submit Your Clinical Images to the Academy

Images convey more than words, especially in ophthalmology. Submit your classic and rare clinical images to help to build the Academy's image library. Your images may be used by other members and subscribers as well as in various publications, such as the *Basic and Clinical Science Course* and *EyeNet*.

Get started at aao.org/volunteering, then choose "Develop Interactive Content." (This is just one of many Academy volunteer opportunities.)

Give Back at Home or Abroad

Volunteering is often a top priority for many clinicians, and you can do it either at home or abroad.

At home. As EyeCare America volunteers, ophthalmologists can make a difference for those in need, right in

their communities, all from their own office. Get started today at aao.org/eye-care-america.

Abroad. For those interested in opportunities abroad, the Global EyeCare Volunteer Registry is the place to go to help organizations care for patients in need around the world. Learn more and get involved today at eyecarevolunteer.aao.org.

Ask the Ethicist: Rebranding Drugs for Clinical Use

Q: *My partner suggests purchasing a Botox-like medication from another country because we can obtain it for much less than the U.S. counterpart. The literature on this medication indicates it has a proven history as a therapeutic agent. The plan is to call this medication "Botox" in our practice to avoid confusing our patients. We haven't worked out the billing details yet. I am concerned about the legal aspects of this plan, but my partner argues that Botox use in ophthalmology is considered "off-label," and this is just another form of "off-label" use. Would this scenario violate any laws or the Academy Code of Ethics?*

A: Yes, it would violate federal law, some state laws, and the Academy Code of Ethics. The use of "Botox-like" medications would be considered not only off-label but also illegal. To ensure safety and effectiveness, the FDA regulates drugs and medical devices used in the United States. It does not regulate how drugs are used, so your partner is correct in stating that Botox is used by U.S. ophthalmologists for off-label purposes. However, Botox is an FDA-approved medication, whereas the "Botox-like" medication from overseas is not. Importing it, using it in a clinical setting, and calling it "Botox" is known as misbranding. Section 502 of the Federal Food, Drug, and Cosmetic Act addresses misbranding, which is defined as false or misleading labeling. Billing for use of misbranded medication is health care fraud.

The scenario would also raise ethical concerns involving Rules 2, 6, 9, 10, and 15 of the Academy's Code of Ethics. Using a misbranded drug would violate Rule 2, Informed Consent, because the

patient would be given false, deceptive, or misleading information and could not appropriately be apprised of the risks of the medication's use. Without full knowledge of the medication's effects, you could not appropriately recommend treatment with it after careful consideration of the patient's physical, social, emotional, and occupational needs, per Rule 6, Pretreatment Assessment. Furthermore, Rules 9 and 10 would be involved because you would be misrepresenting the medication to the patient and potentially utilizing it in a manner not in the patient's best interests. Lastly, Rule 15, Conflict of Interest, would be involved, as the patient's well-being would be clearly influenced by your financial interests.

For more information, visit aao.org/redmond-ethics-center.

To submit a question, contact Ethics Committee at ethics@aao.org.

ACADEMY RESOURCES

Complete IRIS Registry–EHR Integration by Aug. 1

Integrating your EHR system with the IRIS Registry is the least onerous way to report quality data for the Merit-Based Incentive Payment System (MIPS).

Complete integration by Aug. 1. In order to ensure automated transmission of MIPS quality data for the 2023 performance year, you must complete the IRIS Registry–EHR integration process by Aug. 1. Meeting this deadline requires that you are actively involved in the process and respond promptly to emails from Verana Health, which is now the Academy's exclusive end-to-end data partner for the IRIS Registry.

Changes to your EHR or practice management system? Your practice may need to repeat the data mapping process if, for example, you had a system upgrade or moved to a cloud-based system. There is an Aug. 1 deadline for notifying Verana Health of changes.

Not integrated? Practices that aren't able to report quality via IRIS Registry–EHR integration may manually enter data for quality measures.

Learn more at aao.org/iris-registry or contact irisdatalink@veranahealth.com.

D.C. REPORT

Congress' August Recess Is Your Opportunity to Impact Reimbursement

With the final 2024 Medicare Physician Fee Schedule due this fall, the upcoming recess is a good time to explain to legislators how the proposed rules will affect you and your patients. The very people whose intervention is needed—members of Congress—return to their home districts each August. It's an ideal time to connect with them.

Face-to-face meetings with legislators and their staff offer the most effective form of advocacy—better than phone calls or emails. After years of Zoom meetings and remote work, many lawmakers are eager to return to in-person meetings.

These conversations are especially important with a new Congress. This year, the Senate has seven new members, and the House has 74. Most of those 81 new legislators have little to no prior knowledge of ophthalmology or issues like Medicare payment and prior authorization. They need constituents like you to explain what's at stake.

Whether or not you've met your federal legislators before, in-person meetings play a crucial role in building relationships that can have a huge impact for you, your patients, and ophthalmology.

Sign up. Request a meeting by filling out a short form at aao.info/recess23. The Academy will contact the legislator on your behalf and set up the meeting. The Academy will also provide talking points and issue briefs to help you prepare.

Questions? Academy staff is just an email or phone call away. If you have any questions about how to navigate the scheduling process, contact Dash Delan, Academy grassroots specialist, at ddelan@aao.org or 202-737-6662.

Use the IRIS Registry for an ABO/MIPS Project

Is your EHR system integrated with the IRIS Registry? If so, you can use data from your IRIS Registry dashboard to design an improvement project that can earn you credit for both American Board of Ophthalmology (ABO) Continuing Certification (Maintenance of Certification) and the Merit-Based Incentive Payment System (MIPS). For MIPS 2023, this project would count as a medium-weighted improvement activity.

Learn more at <https://abop.org/IRIS> and aaao.org/iris-registry/maintenance-of-certification.

2023–2024 BCSC: Now Shipping

The 2023–2024 edition of the *Basic and Clinical Science Course* (BCSC) is now shipping. 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 1: Update on General Medicine*
- *Section 2: Fundamentals and Principles of Ophthalmology*
- *Section 7: Oculofacial Plastic and Orbital Surgery*
- *Section 9: Uveitis and Ocular Inflammation*

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

For pricing and more information, visit aao.org/bcsc.

