

Keeping POSSted

Fall 2017

PRESIDENT'S CORNER



What You Don't Know

This summer, I had the pleasure of watching my son accept his white coat as a first-year medical student, symbolizing his commitment to becoming a physician. It was a proud moment for me, as you can imagine, or perhaps as you know. Together, the students had written their own oath, which they solemnly pledged to great applause and celebration. The next day, these eager students started their first unit: "On becoming a Doctor." They began by learning population health, epidemiology, biostatistics, bioethics and health disparities. They studied and discussed the structure of medical care as delivered not just in USA but models from all around the world. At the same time, they were assigned small groups and presented their first clinical case: a 15-year-old girl with an STD. They were guided to create their own objectives for learning and then shown tools they could use to meet them. The objectives they developed included learning the related



Sharon L. Taylor, MD, FACS
President
Pittsburgh Ophthalmology Society
2017-2019

medical science, but also learning HIPAA rules, required reporting of disease, related social and behavioral health concerns, and bioethics. The students were encouraged to understand that every case and every patient is an opportunity to broaden and deepen their understanding not just of disease, but of all aspects of medical care delivery. Hearing his animated descriptions of these first weeks, I could not help but reflect on the evolution of medical education.

Deneson, in his article¹ on transforming medical education, says: "It is estimated that the doubling time of medical knowledge in 1950 was 50 years; in 1980, 7 years; and in 2010, 3.5 years. In 2020, it is projected to be 0.2 years — just 73 days." You can imagine the challenge this poses to current medical education. The available information at the time of this year's white coat ceremony represents only 6% of what will be available at the time they start practicing medicine. Let's also consider the 6% these new doctors are starting with. A portion of that information will be proven wrong or become obsolete with new knowledge eclipsing old. It is clear that trying to learn all the existing knowledge is not feasible. A change in the approach to medical education is inevitable. So, too, is an evolution in the practice of medicine.

How much of the medical education of 30 years ago is relevant today? As practicing physicians,

Continued on Page 2

From Page 1

we have a monumental task. It is more than just “staying up” on what’s new. We also must examine our reflexive responses to disease presentation to weed out wrong thinking that was the rule of the day when it was learned. Deeply ingrained habits have to be unlearned. The truths of yesterday are the myths of today. It is a difficult task. Add to this the personality factor. Physicians have a reputation of being difficult to bring to consensus and even more reluctant to change their behavior. We are independent thinkers and many of us went into medicine, at least in part, to be our own bosses. It rubs us the wrong way to be told how to do anything. (Clearly, being your own boss is not a primary reason to go into medicine any longer as only 50% of physicians are practice owners and one in four practices are hospital owned as of 2016 with the trend on the rise.² But I digress. ...) Many of us were and still are being taught under an apprentice system. The further you go forward in post-graduate education, the more this is true. Fellowships are still traditionally served shadowing an expert in their field emulating their techniques and style typically in a one-to-one relationship. The loyalty to what your mentors taught you is strong even in the face of evidenced-based medicine suggesting a better way. And let’s face it; change is hard.

Technology plays a huge role in the increasing rate of the doubling of science information. One of the primary reasons for the speed up of scientific knowledge doubling is information technology. Discoveries can be almost instantly shared and scientific literature is easily searched and mined to aid in further discoveries. Collaboration across the globe is now routine. Multicenter studies are developed and coordinated adding statistical strength to research, which reduces false leads that waste time and resources and slow the process. The era of big data is just dawning. It allows us to find patterns and assess efficacy and efficiency of various treatment options and is transforming the field of population health. With so much data coming, the number of peer-reviewed journals increases every year. For example, the AAO recently started a new peer-reviewed journal: Ophthalmology Retina. There are more peer-reviewed journal articles than we can possibly read, much less analyze and put into practice. The tools we learned as medical students, if you’ve been at it as long as I have, are ineffective in the face of this deluge of information. The tools being taught today didn’t exist, and the tools that will be used tomorrow have not yet been developed.

Of course, there are barriers to these new tools. Paramount is protecting our patients and their

information. Cybersecurity continues to lag behind data generation, which is a serious growing pain of the big data era. Ransomware, data breaches, and destructive viruses abound and need to be guarded against. Recent events in the government handling of these issues are bringing this to the forefront. The need to take a step back and address security is now being recognized and may necessarily delay the development and implementation of new tools for managing medical knowledge. If the industry doesn’t fully address this voluntarily, government regulation is likely.

So, what are we community physicians to do in the meanwhile? We will continue to rely on each other in the form of open communication of ideas and techniques. We can leverage journal clubs either of our own creation or rely on journal roundups from our societies to help keep us abreast of the critical new knowledge in our fields. We can get updates on trending medical publications through the use social media apps such as Doximity and participate in discussions or blogs. We can attend events like POS meetings where timely, high-quality information is presented and where we can take the time to discuss interesting cases and changes in our practices with each other. We can continue to read the most relevant peer-reviewed journals and attend

Continued on Page 3

From Page 2

national conferences. We can use evidenced-based clinical decision support resources such as Up-ToDate when we are addressing new or infrequent diagnoses. In order to ensure tools are developed based on good evidence and meaningful data, we should participate in and support our national societies' efforts, such as the IRIS registry. The main challenge is to recognize the sheer volume of information whizzing by us that may be pertinent to our practices and to develop a strategy for ourselves to not be left behind. We need to be watching for new tools and be open to adopting them as they become available. The patients of tomorrow won't question why you are looking something up. They will question why you aren't.

References

1. Densen P. Challenges and Opportunities Facing Medical Education. Transactions of the American Clinical and Climatological Association. 2011;122:48-58.
2. The Physician's Foundation 2016 Survey of America's physicians practice patterns & perspectives. Completed September 2016. www.physiciansfoundation.org

MEMBERSHIP UPDATE

Thank you to the membership as all members renewed their dues for 2017. Our membership steadily increased during the 2016-17 period. Currently, the Society has 123 active members; 30 residents and fellows; and 34 retired honorary members for a total of 187. This is an increase of 6 members from 2016. I am happy to report membership renewal for 2017 was 100%. We also welcomed the following new members:

Michaela Hickey, DO
Jared Knickelbein, MD

Srinivas Kondapalli, MD
Matthew Pihlblad, MD
Judith Rodnite, MD
Alison Zambelli, MD
Islam Zaydan, MD

If you know of an ophthalmologist in your area who is not a member of the POS, or if you are welcoming a new physician to your practice, please contact Nadine Popovich (npopovich@acms.org), who would be happy to send an application for membership.

David G. Buerger, MD, FACS

MEMBERSHIP DUES

Membership dues statements will be sent Oct. 1. Yearly dues are \$375 and are instrumental in defraying the cost of providing quality educational programming each month. Please submit payment by check, made payable to "Pittsburgh Ophthalmology Society," or credit card (Visa, Mastercard, Discover). For your convenience, you may contact Nadine Popovich (npopovich@

acms.org or 412-321-5030) to process your credit card.

Your continued support ensures that we remain an active and strong specialty organization, providing quality programming and collegial social opportunities and advocating to protect and enhance our profession. Thank you for submitting your dues in a timely manner.

TREASURER'S REPORT

The Society account balances remain stable, and I am happy to report we saw a modest profit from the Annual Spring meeting. Relocating the meeting to the Pittsburgh Marriott City Center, strong vendor support, and an increase in registration fees aided in the profit. For the 2016-17 monthly meetings series, overall expenses were slightly down due to a slight decrease in speaker travel expenses. More significant was the implementation of the online registration system and utilization by members, which led to a more accurate meal count for catering.



Membership dues also were instrumental, as all members renewed for 2017 and we welcomed 7 new members. POS membership is an excellent value, not just for the CME credit, but for the updates on local and national issues.

Through a continued effort to expand membership and strong focus on identifying sponsorship for support of the monthly meetings, we hope we can continue to remain solvent for 2017-18 and the future!

Marshall W. Stafford, MD

LEGISLATIVE UPDATE

You have heard it before, but here it is again: 2017 has seen an unprecedented attack by organized optometry to increase their scope of practice into surgery and ultimately, to equate themselves to ophthalmologists. The scorecard so far isn't good. So far this year, we have faced eleven concurrent OD surgical challenges – Alaska, California, Georgia, Florida, Illinois, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, and Pennsylvania. Optometric bills have been stopped in Florida, Iowa, Maryland, Nebraska, and North Carolina, but losses have occurred in Georgia and Alaska.

In Georgia, optometrists are now allowed to administer subconjunctival, subcutaneous, and intralesional injections. In Alaska, the Board of Optometry now has free reign to regulate any ophthalmic, or should I use the term, optometric, surgical procedure! While the vague language of the legislation states that they are not allowed to perform "invasive surgery," their board has the ability to define what invasive surgery would entail. Alaska is the new optometric frontier.

Each additional expansion of optometric scope into surgery makes every future battle in every other state all the harder

Visit **www.paeyemds.org** to make a contribution to the Pennsylvania Eye PAC. If you aren't a member, join today!

as optometry proudly points out what their profession is allowed to do in other states. Optometrists, already far more involved in advocacy than most ophthalmologists, see encouragement in each of these wins and their expectations for surgery as a part of their profession increase. We cannot lose any further battles, especially like Alaska, or the dominoes will start to fall.

The line in the sand has been well crossed by organized optometry, and it is well past time for all of us to unite and stand up for our profession and patient safety. The optometrists of PA hope to cross that line, too. There is a PA optometric bill, SB 668, which would allow optometrists to perform injections and some lid procedures, as well as call themselves optometric physicians and a host of other expansions to their scope of practice. Our Definition of Ophthalmic Surgery bill, SB 758, stops optometric expansion into surgery. So far,

Continued on Page 5

LEGISLATIVE UPDATE

From Page 4

over the past few years, the two bills and our two sides have been at a standoff in the PA Senate and neither bill has advanced out of committee. The net result is that optometrists are not allowed to perform surgery in PA, yet.

We can only maintain this position with more grassroots help from you! If you care about optometrists performing surgery here in PA, you must make a decision now to get

involved. You must call your senator and your representative to let them know that there are ophthalmologists in their district who care deeply about patient safety. They need to know that you are out there and that you see patients from their district. You must make a contribution to the PA EYE PAC. Optometrists consistently out-do-nate ophthalmologists in PA. and they are sitting on a PAC war chest right now that is at least 4-5 times as larger than ours. You must contribute to the Surgical Scope Fund,

also, as we are all in this together across the country. Finally, you must talk about this with your partners and friends, both in PA and in other states, as far too many in our profession have simply chosen to look the other way. Our profession and safe quality eye surgery for our patients are at a crossroads.

Kenneth P. Cheng, MD

PAO Legislative Chair
AAO State Affairs Metro East
Regional Representative
Chair, AAO Surgical Scope Fund

MEMBERS IN THE NEWS

PAMED announces award winners

It is with great pleasure we congratulate Jared Knickelbein, MD, PhD, and Srinivasan Kondapalli, MD, for being selected as two of this year’s recipients of the Pennsylvania Medical Society’s (PAMED’s) Top Physicians Under 40 Award – an award to honor early career physician leaders.

Dr. Knickelbein practices at Retina Vitreous Consultants in Monroeville and has received numerous honors for his ongoing research efforts as well as patient



Dr. Knickelbein



Dr. Kondapalli

care. He has published more than 30 manuscripts in peer-reviewed journals in addition to authoring numerous book chapters. He is a co-investigator for several clinical trials evaluating novel treatments for retinal diseases.

Dr. Kondapalli specializes in the

treatment of retinal diseases and practices at Everett and Hurite Ophthalmic Association in Pittsburgh. He has presented at several educational meetings for general eye care providers. In addition, he plays a role in Vinrant Pittsburgh, a group that promotes recruitment and retention of a diverse workforce in Western Pennsylvania.

The 41 physicians named to this year’s Pennsylvania’s Top Physicians Under 40 by PAMED have demonstrated a significant amount of success for someone

Continued on Page 6

MEMBERS IN THE NEWS

From Page 5

so early in a medical career.

Those selected were chosen by a committee of physicians after being nominated for outstanding contributions to the practice of medicine and the delivery of patient care, despite being early in their medical careers. Nominations came from colleagues.

The committee found outstanding early career physicians from all parts of the state ranging from inner cities to rural communities to suburbs. According to Chuck Cutler, MD, MACP, president of PAMED, up-and-coming medical leaders often go unrecognized for their contributions to patient care primarily because they're just starting their careers and still establishing themselves.

Drs. Knickelbein and Kondapalli will be recognized at an awards presentation during the ACMS Foundation Celebration of Excellence Awards Gala Saturday, February 24, 2018, at Heinz Field, UPMC Club, North Side (www.acmsgala.org).

POS OFFICERS & CHAIRS 2017-19

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Laurie A. Roba, MD

Thorpe Circle Administration

Michael J. Azar, MD

RESIDENTS & FELLOWS

The members of the Pittsburgh Ophthalmology Society welcome UPMC Eye Center new residents and fellows and acknowledge current faculty. We look forward to seeing everyone at an upcoming monthly meeting. Congratulations to Luis Gonzalez, MD, Chief Resident. Dr. Gonzalez will facilitate and coordinate resident presentations for each meeting.

1st Year Residents:

Sohani Amarasekera, MD
Benjamin Botsford, MD
Rikki Enzor, MD
Julia Kuhn, MD
Peter Mortensen, MD
Andrew Williams, MD

2nd Year Residents:

Tigran Kostanyan, MD
Jennifer Lee, MD
Anagha Medsinge, MD
Ken Taubenslag, MD
Siwei Zhou, MD
Leonid Zlotcavitch, MD

3rd Year Residents:

Lance Bodily, MD
Igor Bussel, MD
Luis Gonzalez, MD
Tarek Shazly, MD
Dante Sorrentino, MD
Joseph Vojtko, DO

Fellows:

Kyle Cox, MD (Oculoplastics)

Continued on Page 7

ANNOUNCEMENTS

SEEKING INDUSTRY SUPPORT!

Industry support and engagement from last season's monthly meetings and the 2017 Annual Program was robust.

Exhibitor support is instrumental in offsetting our monthly meeting expenses; please remember to thank pharmaceutical and ophthalmological supply representatives and remind them of the opportunity to sponsor a monthly meeting. Benefits of sponsoring a meeting are numerous; highlights include five minutes of time at the podium to present their product and the opportunity to engage with members during the social.

Past sponsors include: Abbott,

Alcon, Alimera Sciences, Allergan, Bausch & Lomb, Beitel McKee Optical Company, BioDOptix, BioTissue, Carl Zeiss Meditec, Diopsys, Dutch Ophthalmic USA, Genentech USA, Glaukos, Heidelberg Engineering, Katena, LKC Technologies, NexTech, Omeros Corp, OMIC, Optos, Optovue, Pine Pharmaceuticals, Regeneron, Shire, Sonomed Escalon, Sun Ophthalmics, Surgical One, Vertical Solutions and Virtual Office-ware Healthcare Solutions.

Help us to identify potential sponsors! If you know of a pharmaceutical company not listed above, please email Nadine Popovich (npopovich@acms.org) the contact name and email or phone number. You also may direct them

to the POS website, www.pghoph.org, as sponsorship information can be downloaded.

2016-2017 CME Credits

CME credit transcripts were emailed to all who attended meetings from September 2016 through March 2017. If you did not receive your transcript, or have a discrepancy, please contact Nadine Popovich, npopovich@acms.org or (412) 321-5030.

Reminders for the 2017-18 academic year:

- Monthly meeting evaluations are distributed at every meeting.
- Members must sign in on the sheet at every meeting to ensure that credits will be received.

RESIDENTS & FELLOWS

From Page 6

Sam Faith, MD (Cornea)
 Vincent Nguyen, MD (Retina - 1st Year)
 Robert Null, MD (Glaucoma)
 Andrew Siegel, MD (Glaucoma)
 Sapna Tibrewal, MD (Pediatric Ophthalmology)
 Andrew Troia, MD (Pediatric Ophthalmology)
 Aimee Verner, MD (Cornea)

Continuing Fellow:

Mallika Doss, MD (Retina - 2nd Year)

Highmark Selling Davis

Highmark, after owning and building it up for 21 years, is awaiting government approval to sell Davis Vision to Centerbridge Partners, LP, a much larger vision care organization.

Centerbridge will gain a minority share in Visionworks, and Highmark will get a minority share in the result of merging Davis Vision with Superior Vision, a subsidiary of Centerbridge.

What exactly this means for POS members is uncertain.

THORPE CIRCLE

The Thorpe Circle welcomes Roxana Barad, MD, and Lisa Nath, MD. Thank you to Sharon Taylor, MD, FACS, who contributed in the sustaining category (see inset). Your contribution ensures your legacy as one devoted to the recognition of academic and clinical excellence in ophthalmology.

For those who are currently members, thank you for your support. A sustaining category was recently established for Thorpe Circle members (the dollar amount is left up to discretion of the individual). Please consider a contribution in the sustaining category.



As of August 1, 2017, the fund's balance is \$33,158.11. All monies are invested in the Vanguard Life Strategy Moderate Growth Fund. Our goal is to grow the fund so that it will be self-sustaining in the future to support the Thorpe Lecturer and sustain the long-term education mission of the POS.

If you are not a member of the Thorpe Circle, please consider contributing. The Thorpe Circle, established in 2014, was created to offset the costs of the Thorpe Lecturer. Your donation strengthens the fund and enables the POS to continue the tradition of excellence by inviting distin-

guished guest faculty to serve as the Thorpe Lecturer.

Donations may be in the form of an annual contribution, estate planning (by patients or family members in honor of an ophthalmologist practicing or retired), or in memoriam.

Thorpe Circle members

Michael J. Azar, MD
 David J. Baker, MD
 Chris A. Balouris, MD
 Dr. & Mrs. Constantine A. Balouris
 Roxana Barad, MD
 Ivan Baumwell, MD
 Robert L. Bergren, MD
 Dr. Peter J. Berkowitz
 Albert W. Biglan, MD
 Richard A. Bowers, MD
 Joel D. Brown, MD
 Daniel E. Buerger, MD, FACS
 David G. Buerger, MD, FACS
 George F. Buerger, Jr. MD, FACS
 Brian J. Caputo, MD
 Edward J. Chang, MD
 John A. Charley, MD
 Kenneth P. Cheng, MD
 Phillip H. Choo, MD
 Lisa M. Cibik, MD, FACS
 Garry P. Condon, MD
 Ian P. Conner, MD, PhD
 P. William Conrad, MD, PhD

Bernard H. Doft, MD
 Norman L. Edelstein, MD, FACS
 William M. Fronczek, Jr., MD
 Denise S. Gallagher, MD
 Jean C. Harwick, MD
 Karen B. Lauer, MD
 Cari Lyle, MD
 John C. Maher, MD
 John M. Mikulla, MD
 Miroya J. Monsour, MD
 Donald Morris, DO
 Barry D. Moskowitz, MD
 Lisa M. Nath, MD
 Karl R. Olsen, MD
 Eric Pennock, MD
 Paul Phillips, MD
 Scott Portnoy, MD
 Allan J. Press, MD
 Pamela R. Rath, MD
 E. Ronald Salvitti, MD*
 Joseph J. Scherer, MD
 Michael P. Schneider, MD
 Joel Schuman, MD, FACS
 Marshall W. Stafford, MD

Theresa B. Strong, MD
 John C. Stuart, MD
 Sharon Taylor, MD, FACS*
 Thierry Verstraeten, MD
 Avni Vyas, MD
 Edmond C. Watters, MD
 Evan Waxman, MD, PhD
 Gary S. Weinstein, MD, FACS
 Jeffrey T. Wincko, MD
 Roger P. Zelt, MD

In Memory of Irwin S. Terner, MD
 ~ Sewickley Eye Group

In Appreciation of Dr. John A. Charley
 ~ Mrs. Velma F. Ferrari

In Recognition of Frank Cignetti, MD
 ~ Staff of East Suburban Ophthalmic Association

In Memory of Robert Arffa, MD
 ~ Sharon L. Taylor, MD

*Sustaining member

PAO NEWS

2017-18 Legislative Update

This year, an unprecedented number of optometric surgical scope battles are occurring across the country. So far this year, bills that would allow optometric surgery have already been introduced in Alaska, Florida, Georgia, Illinois, Iowa, Nebraska, and North Carolina. An additional 12 states are under "High Alert." An optometric surgery bill is expected in California again this year. An optometric surgery bill is about to be introduced in Pennsylvania.



Optometry is actively recruiting Senate sponsors for an optometric scope expansion bill. We contacted you two weeks ago about calling your senator to ask them to co-sponsor Senator Argall and Alloway's Definition of Ophthalmic Surgery bill which opposes optometric surgery. Unfortunately, very few of you have made those phone calls! We are playing catch up now!

With everything that is going on around the country right now, the optometrists will be very aggressive in their quest to perform eye surgery here in Pennsylvania.

We must stand together now and act to protect patient safety. Make the call to your senator and ask them to co-sponsor Senator Argall and Alloway's Definition of Ophthalmic Surgery. You can find your Senator's phone number by visiting <http://zipstickers.mypls.com/LookUp.aspx?cid=200030>.

Follow up by emailing the PAO to let them know you have made the call! www.paeyemds.org

POS Salutes Local Representation within the Pennsylvania Academy of Ophthalmology

The Society is pleased to recognize the following members who play an active role in the Pennsylvania Academy of Ophthalmology (PAO) by serving in a leadership position. The local representation is exceptional and we are fortunate to have a dedicated group of colleagues who give of their time to better the professional interests of ophthalmology and our profession.



Dr. Bergren

Robert Bergren, MD (POS Past President), was recently installed as President and will serve in the role from 2017 through 2019.

President

Robert L. Bergren, MD

Chair, Bylaws and Rules Committee

Michael J. Azar, MD

Legislative Chair

AAO State Affairs Metro East Regional Representative

Chair, AAO Surgical Scope Fund

Kenneth P. Cheng, MD

Chair, Nominating Committee

Roger P. Zelt, MD, FACS

Co-Secretaries, Medical Practice and Payment System

Robert L. Bergren, MD, and James B. Dickey, MD

AAO Councilor

James B. Dickey, MD

AAO Alternate Councilor

Sharon L. Taylor, MD, FACS

Annual Meeting 2017

The Pittsburgh Ophthalmology Society's 53rd Annual Meeting was held March 17 at the Pittsburgh Marriott City Center Hotel. More than 90 physicians attended this year's meeting, which featured renowned ophthalmologist Warren E. Hill, MD, who served as the 37th Annual Harvey E. Thorpe Lecturer.

Dr. Hill, Medical Director, East Valley Ophthalmology, Mesa, AZ, has devoted the majority of his professional activities to performing challenging anterior segment surgery for other ophthalmologists and the mathematics of intraocular lens power calculations in unusual clinical situations. Dr. Hill's presentations, "Understanding Corneal Aberrations," "The Toric IOL – What You Need to Know," and the featured Thorpe Lecture, "Improving IOL Power Selection," were exceptional.

Guest faculty, all of whom received high evaluation scores for their presentations, included: Gaurav K. Shah, MD, Professor of Clinical Ophthalmology and Visual Sciences, The Retina Institute, Washington University School of Medicine, St. Louis, MO; Arsham Sheybani, MD, Assistant Professor of Ophthalmology and Visual Sciences, Washington University



At left, Thierry Verstraeten, MD, Immediate Past President, presented the Thorpe Award to Warren Hill, MD, left, during the POS 52nd Annual meeting held at the Pittsburgh Marriott City Center. Below, President Sharon Taylor, MD, FACS, presents a plaque to Dr. Verstraeten for his two-year term of service as President of POS.

School of Medicine, St. Louis, MO; and Daniel J. Briceland, MD, Senior Secretary for Advocacy, American Academy of Ophthalmology, Medical Director, Spectra Eye Institute, Sun City West, AZ.

This year's vendor support was exceptional, with more than 32 vendors participating. POS gratefully acknowledges and thanks all industry representatives who participated in the event. A complete list of sponsors can be



Continued on Page 11

2017 Meeting for Ophthalmic Personnel

Running concurrently with the RPOS Annual Meeting was the 38th Annual Meeting for Ophthalmic Personnel. This year, more than 150 ophthalmic technicians, assistants, coders, photographers and front staff attended this full-day program. The well-respected program is designed specifically for ophthalmic personnel to enhance the quality, expertise and safety of ophthalmic patient care.

The program featured 28 break-out sessions, all accredited by JCAHPO. Participants had the opportunity to create their own track of programming, and receive up to 7.0 CE credit hours based on course attendance. Front- and back-office sessions were offered to educate office personnel. Popular workshop sessions also were offered as part of the full-day course curriculum.

Course directors Pamela Rath, MD, and Laurie Roba, MD, worked tirelessly to plan this high-level educational offering. The Society depends and relies on local expertise and talent to present each session. This year was no exception, with local physicians and health care professionals providing quality presentations.

From Page 10

found on the Society website at www.pghoph.org.

Following the meeting, members and their guests enjoyed networking and dinner at the Duquesne Club. In his opening remarks, Dr. Verstraeten, Immediate Past President, thanked the allied course directors, POS Council, and the membership for their support during his tenure. Sharon Taylor, MD, President, presented a plaque and gift to Dr. Verstraeten in recognition of his two years as president of the Society.

WWW.PGHOPH.ORG



2018 Thorpe Lecturer, Guest Faculty Announced

Sharon L. Taylor, MD, President, is pleased to announce Lisa Arbisser, MD, as the 38th annual Harvey E. Thorpe Lecturer. The meeting is scheduled for Friday, March 23, 2018, at the Pittsburgh Marriott City Center, Pittsburgh, PA. The Duquesne Club will host the annual banquet, which takes place Friday evening.

Dr. Arbisser teaches cataract and anterior segment surgery worldwide and is a Princeton University graduate. She is an adjunct associate professor at the University of Utah Moran



Lisa Arbisser, MD

Continued on Page 12

From Page 11

Eye Center. She authors, edits and reviews textbook chapters, journal articles and the American Academy online news network, Focal Points, and has two regular journal columns.

Her residency at the University of Iowa Hospitals and Clinics prepared her to specialize in refractive and complex cataract surgery, both adult and pediatric. She has been on the Best Doctors list nationally multiple times, was voted as one of the top 50 opinion leaders in cataract and refractive surgery by the readership of *Cataract and Refractive Surgery Today (CRST)*, and was chosen as one of the 250 leading innovators in the field of premium IOL implant surgery by the editors of *Premier Surgeon*. She serves on the editorial board of *CRST* and *Eye World* and pens a quarterly column for each. She serves on the cataract committee for the AAO Online and Educational Network and is the cataract editor for *Focal Points*.

Guest faculty for the conference includes Michael X. Repka, MD, MBA, David L. Guyton, MD, and Feduniak Family Professor of Ophthalmology at the Johns Hopkins Wilmer Eye Institute, Baltimore, MD. Dr. Repka specializes in pediatric ophthalmology, strabismus, retinopathy of prematurity and pediatric neuro-ophthalmology.



Michael X. Repka, MD, MBA

Also serving as guest faculty will be Ronald L. Gross, MD, Professor and Chairman of Ophthalmology, Director, West Virginia University Eye Institute, Jane McDermott Schott Chair of Ophthalmology, West Virginia University, Morgantown, WV. His research in the field of glaucoma has been transformative, and he has achieved international recognition for his work.

Planning is still underway. Please visit the website (www.pghoph.org) periodically for additions to the guest faculty roster. The Annual Meeting brochure, along with registration, will be sent to the membership in January.

39th Meeting for Ophthalmic Personnel – March 23, 2018

Running concurrently with the Annual Meeting, the Allied Ophthalmic Personnel meeting will take place on Friday, March 23,



Ronald L. Gross, MD

2018, at the Pittsburgh Marriott City Center, Pittsburgh, PA. The POS has been proud to host this yearly educational forum for ophthalmic personnel for more than 30 years. Course Directors Pamela Rath, MD, and Laurie Roba, MD, have begun planning the program, already identifying an excellent slate of educational offerings. The submission for the JCAHPO accreditation process is scheduled to begin in October.

The conference provides exceptional educational opportunities for ophthalmic personnel in and around the region and continually attracts well-respected local faculty, who present relevant and quality instruction through numerous breakout sessions. Ophthalmology practices, administrators and past attendees will receive a Save the Date card in late September, with registration information published on the society website.

POS Hosts Wet Lab Series

The Pittsburgh Ophthalmology Society sponsored an Ophthalmology Community Wet Lab: Pars Plana Vitrectomy for the Anterior Segment Surgeon. Sessions were held at the UPMC Eye Center – Eye and Ear Institute on May 30, June 13 and due to the overwhelming response, a third session was added on June 14. Ryan Vaughn, representative from Alcon, and Robert Nelson, representative from Bausch and Lomb, were instrumental in providing equipment, support staff, consumables, and teaching assistance for the 2-1/2 hour course.

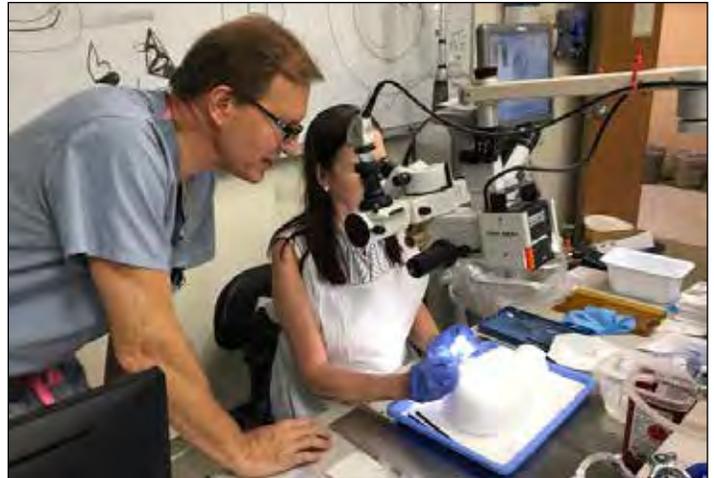
A maximum of 9 physicians attended each session where they learned and practiced Pars Plana Vitrectomy for the anterior segment surgeon. Each work space included standard infrastructure such as a microscope, phaco machine, head model, all disposable ophthalmic products, instruments, and fresh pig eyes. One station was set up with a camera and monitor to allow demonstration and observation. Both 23- and 25-gauge systems and trocars were available for practice.

Sharon Taylor, MD, and Ian Conner, MD, PhD, served as course directors and initiated this program offering. A special thank you to the following POS members who served as faculty: Garry Condon, MD, Deepinder Dhaliwal, MD, Joseph Martel, MD, and Thierry Verstraeten, MD, with didactic support from Andrew Eller, MD. Each shared their expertise and pearls of wisdom with colleagues. We also thank UPMC Eye and Ear for use of the wet lab for this worthwhile endeavor.

Comments from participants were stellar, and the Society looks forward to offering sessions in 2018. We welcome suggestions for future wet lab topics or for other educational sessions you would like to see offered. Submit suggestions to Nadine Popovich at npopovich@acms.org.



Ian Conner, MD, PhD, and Laurie Roba, MD



Thierry Verstraeten, MD, and Laura Pallan, MD

The POS gratefully acknowledges the following who provided support for the program:

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2017-18 Monthly Educational Series

Mark your calendar for the 2017-18 monthly educational offerings hosted by the Society.

A total of five monthly meetings and the Annual Spring Meeting will comprise the academic calendar. All meetings are CME accredited. Note: There is no November meeting as the American Academy of Ophthalmology will meet November 11-14 in New Orleans, LA.

Members will receive registration information (by email, unless otherwise indicated) one month prior to the date of the program. Please plan on joining your colleagues as we welcome the following exceptional guest faculty:

SEPTEMBER 14, 2017

John C. Hart, Jr., MD, FACS, Professor of Ophthalmology at the Oakland University/William Beaumont Hospital School of Medicine and the Co-Chief of Anterior Segment Surgery in the Department of Ophthalmology William Beaumont Hospital, Royal Oak, MI. Thank you to Ian Conner, MD, PhD for inviting Dr. Hart.



Dr. Hart

Dr. Hart presented the following

Meeting Agenda Refresher

- 4:00 p.m. – Registration
- 4:30 p.m. – 1st lecture by guest faculty
- 5:35 p.m. – Resident Case presentation
- 5:50 p.m. – Society Business Meeting
- 6:00 p.m. – Social
- 6:45 p.m. – Dinner service begins
- 7:05 p.m. – 2nd lecture by guest faculty

lectures: Conquering the Complex Cataract, and Malpositioned IOLs – Diagnosis and Management.

Vendors who participated in the 2017 Annual Meeting were invited to attend the social portion of the meeting, where they had the opportunity to engage with members.

OCTOBER 5, 2017

Sanjay Asrani, MD, Professor of Ophthalmology at Duke University and Director of the Duke Eye Center of Cary and the Duke Glaucoma OCT Reading Center. Dr. Asrani actively pursues research on pressure fluctuations, new devices and drugs for glaucoma treatment, drug delivery and new imaging



Dr. Asrani

modalities for glaucoma. Thank you to Ken Nischal, MD for inviting Dr. Asrani.

1st Lecture - Intermittent Angle Closure: The Missed Epidemic

2nd Lecture - Pearls and Pitfalls of OCT in Glaucoma

Thank you to Allergan for sponsoring the program.

DECEMBER 7, 2017

Speaker confirmation is underway. Please check the Society Website (www.pghoph.org) periodically for updates.

JANUARY 11, 2018

Sunir J. Garg, MD, FACS, Professor of Ophthalmology of The Retina Service of Wills Eye Hospital, Thomas Jefferson University, Philadelphia, Pennsylvania. His

Continued on Page 15

Reminder: Online Registration for Meetings

The Society will continue the online registration process. Registration for each meeting is **required**. Here are a few guidelines to register for each meeting:

- Visit www.pghoph.org and click on “Events”
- Click the Event that you wish to attend
- Select your registration type and click “Register”
- Complete all information
- Meal selections will be listed; kindly remember to choose your meal selection when registering. If you have a special dietary request, no problem, as this

will be an option when choosing your meal.

• A confirmation will be sent to the email you provide. If you do not receive a confirmation in your designated email, your registration was not completed.

• Feel free to contact Nadine Popovich, administrator, at npopovich@acms.org or (412) 321-5030 should you have any questions.

• Please remember you can revisit the site to cancel a reservation!

Thank you in advance for your cooperation!

From Page 14

research interest is primarily in macular degeneration, diabetic retinopathy, uveitis and vitreoretinal surgery. Thank you to Thierry Verstraeten, MD, for inviting Dr. Garg.



Dr. Garg

Thank you to Carl Zeiss Meditec and Genentech for co-sponsoring the program.

FEBRUARY 1, 2018

Speaker confirmation is underway. Please check the Society website (www.pghoph.org) periodically for updates.

MARCH 23, 2018

Annual Spring Meeting and 39th Annual Ophthalmic Personnel Meeting, Pittsburgh Marriott City Center, Pittsburgh, PA

REGULATORY UPDATES

New Opioids Continuing Education Requirements

A Pennsylvania bill signed into law on Nov. 2, 2016 – Act 124 of 2016 – requires dispensers or prescribers applying for an initial license and those applying for re-licensure to complete opioids continuing education. For MDs and DOs, the requirement is effective beginning with the current 2017-18 licensure period.

Specific requirements that must be completed for initial applicants and for those seeking re-licensure:

- Initial applicants – They must submit, no later than 12 months after obtaining an initial license or certification, documentation acceptable to the licensing board of the completion of at least two hours of education in pain management or identification of addiction and at least two hours of education in the practices of prescribing of opioids. The education may occur as part of the individual’s

Continued on Page 16

REGULATORY UPDATES

From Page 15

professional degree educational program or continuing education program.

- Physicians seeking re-licensure – They must complete at least two hours of continuing education in pain management, identification of addiction, or the practices of prescribing of opioids. These two hours count as part of the 100 hours required for continuing education, not in addition to the 100-hour requirement.

These hours must be completed during the 2017-18 licensure period as part of the re-licensure process for 2019-20, and each licensure period thereafter.

Prescribers without a DEA number and who don't use the registration of another person or entity as permitted by law to prescribe controlled substances are exempt from this education requirement.

In order for the Commonwealth of Pennsylvania to verify compliance with the opioid educational requirement, licensees (if audited) will have to produce documentation verifying the courses they've completed, and the title of the course(s) on the documentation should be clear that the content addressed Board-required subject matter.

The Pennsylvania Department of State (DOS) is currently developing a continuing education tracking system which, when completed, will allow licensees to track their own continuing education requirements.

The Pennsylvania Medical Society (PAMED), the Hospital and Health System Association, the Pharmacists Association and other specialty societies have developed a continuing education series that is available online. All of the modules are free on the PAMED website through the end of September. Visit: <https://www.pamed-soc.org/tools-you-can-use/topics/opioids/OpioidResources>.

If a physician has already completed one or both of the opioid programs prior to January 1, 2017, those courses completed prior to January 1, 2017, will NOT count toward the 2017-18 licensing requirements. A physician may complete one of the courses again after September 1, 2017, in order to meet requirements for the 2017-18 licensing period.

For more information and access to Continuing Medical education links, visit the Pennsylvania Department of Health's website at http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Pages/default.aspx#.WaRKfSiGOM_

Proposed CMS LCD Change

A proposed CMS local care determination was published this spring on ERG that would have excluded any form of ERG for the diagnosis or management of glaucoma as a non-covered service due to it being considered experimental and investigational.

The open comment period ended in early July and since then, the proposal has been listed as "NRTF," or not released to final, which suggests the proposal has been tabled and the restriction is not being imposed on the current coverage policy for ERG.

A proposed CMS LCD change to the indications for cataract surgery also was NRTF rule and resulted in only an update in the policy citations on August 4, 2017.

Most concerning was a proposed LCD in several states to limit the frequency and circumstances of which Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) including OCT could be obtained as a covered service. In particular, they proposed:

For optic nerve testing:

- Redefining the stages of glaucoma in contradiction to the ICD-10 coding rules

Continued on Page 17

REGULATORY UPDATES

From Page 16

- Not allowing Glaucoma SCODI to be billed within three months of a visual field test
- Disallowing SCODI in severe cases of glaucoma in which included all patients with a $>.8$ cup to disk ratio

For retinal testing:

- No more than 2 a month for retinal diseases with no exception for acute events (which contradicted the next point)
- No more than one a month for patients actively being treated with Anti VEGF or with certain rapidly progressing retinal issues such as traction detachment with no exception for acute events
- No more than one per year for toxicity screening of patients on Plaquinil unless high risk circumstances could be documented (i.e. high dose/weight) with no exception for acute events
- Disallowing all anterior segment SCODI

Comprehensive written commentary with peer-review citations and a loud outcry on both state and national levels helped prevent the release of this proposal to final rule. The resulting update on May 5, 2017, in effect for billing after February 27, 2017, added diagnostic codes for optic neuritis and optic nerve hypoplasia to the list of approved codes for billing optic nerve SCODI.

While we still have limitations to existing rules that seem inappropriate (such as not allowing photos on the same day as OCT even if they are for unrelated diagnoses), we are doing a better job of responding to these proposals in an organized way before they are adopted.

Moderate Increase in Physician Stress?

I hope everyone reading this has had a safe and enjoyable summer. At this point in the year, everyone should have at least heard of MIPS, the newest Affordable Care Act diktat. Your 2017 MIPS score will affect your compensation for taking care of Medicare beneficiaries in 2019. Your 2018 score will affect your compensation for 2020, and so forth.

To review, MIPS¹ (Merit-Based Incentive System) is a 100-point scale that measures one's "quality performance" and is divided into three parts.

- Quality Score essentially replaces the Physician Reporting Quality System (PQRS). It makes up 60% of the total score.
- Improvement Activities, or clinical improvement modules, comprise 15% of the total.
- Advancing Care Information (ACI) makes up 25% of the total.

This last metric replaces Meaningful Use and requires use of EHR. A few fortunate physicians will be able to boost income — as much as 4% in 2019 — with a score of 70-100 points. Of course, it won't be easy. Achieving the bonus is going to be even more challenging for those without EHR, since the ACI will be zero, rendering the maximum possible MIPS score 75 instead of 100.

There is some good news for 2018, according to a recent notice from ASCRS.² The Year 2 Proposed Rule states that practices that have not effected an EHR, and which contain no more than 15 ophthalmologists or other clinicians, can apply for a significant hardship exemption. This exemption will eliminate the ACI requirement, and redistribute the relative importance of

Continued on Page 18

From Page 17

the other two measures. (Bear in mind that this is still a proposed rule that must be finalized.)

If you are not exempt from reporting, there is still time. Failure to report on any measure will result in a 4% reduction in 2019 Medicare payments. For further information, the AAO recently published the MIPS Manual³ as a supplement to the August 2017 EyeNet.

Eric A. Pennock, MD

References

1. <https://www.aao.org/eyenet/article/know-the-basics-general-overview?august-2017>
2. <http://www.ascrs.org/node/29695>
3. <https://www.aao.org/eyenet/article/know-the-basics-general-overview?august-2017>

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To act as the voice of ophthalmologic medicine in the Pittsburgh area, to serve as patient advocate in promoting preventive eye care, quality medical and surgical care and rehabilitative services for individuals with ophthalmologic diseases and to advance the knowledge, science and practice of ophthalmology, to assist in the improvement of the quality of ophthalmologic medicine and training therein, and to promote integrity in the practice of ophthalmic medicine.

Resolve to be a Better Leader in the New Year

Healthcare is like many other industries in that we select, promote and rely on underdeveloped leaders. Practice managers often are chosen for clinical knowledge, operational experience, or technical expertise. Indeed, many physicians and healthcare executives will tell you without hesitation they seek out this kind of background first when searching for management personnel. But once that manager is selected, steps into the role, and begins going about the business of managing and leading others, they figure out quickly that many of the problems they face every day are not of a clinical, operational, or technical nature: They're people problems that require a unique set of "soft skills" they don't fully possess. This is not a problem exclusive to health care. It's long been a management problem across most fields. In the face of these very real, very perplexing challenges, many managers ultimately come to the realization that the skill set that brought them to their role fails to aid them fully in succeeding in it.

For some physicians, the problem is greater. It's not that their

people management skills are underdeveloped. It's that they have not been given the chance to build them at all, or even told that such skills are necessary for success.

In 2012, the Accreditation Council for Graduate Medical Education (ACGME) admitted in their Leadership Development Curriculum for Chief Residents in Medicine that there is "a significant void in the training and education of today's young physician leaders" as it relates to leadership development. ACGME advocates for physicians to develop several leadership competencies related to people management, including listening skills, teambuilding, trust-building and consensus-building.

In 2011, the Center for Creative Leadership made a similar case in their white paper Addressing the Leadership Gap in Health-care. After analyzing leadership effectiveness data from tens of thousands of people working in healthcare, they identified the top priority for leadership development in the healthcare sector as "the ability to lead employees

Continued on Page 19

From Page 18

and work in teams,” strongly encouraging physicians and managers to “develop a more participative management style, improve their ability to build relationships and lead teams, and learn to deal more effectively with problem employees.”

Whether you realize it, your capacity for leadership is directly tied to the performance of your practice. Turnover, retention, patient satisfaction and revenue are but a few of the metrics that directly reflect your ability to build and lead a capable, engaged healthcare team. With that in mind, here are five actions you can take to be a better leader in 2018:

Understand employee engagement. Leadership is creating the conditions necessary for people to thrive. Successful leaders, therefore, possess insight into what those conditions are and how to cultivate them. Spend some time this year exploring the wide body of research on employee engagement and you will be equipped to create the kind of environments in which employees thrive.

Meet one-on-one with each employee. The social science research is clear: One-on-one time for managers and direct reports can have a significant impact on employee engagement, motivation and work ethic. Create a system that ensures each

employee gets 30 minutes of time each month with a manager or physician. Use this time to deploy many of the behaviors that cultivate engagement including coaching, aligning talent to tasks, exploring interests, soliciting feedback and opinions, goal setting, stretch assignments and professional development.

Send thank you notes. The people around you want to feel valued. They want to know that they contribute. They need tangible evidence that their work impacts others and is noticed. Resolve to send a few thank you notes each month detailing the ways individuals on your team contributed. Mix it up by using email, cards, even post-it notes. What matters most is that the sentiment expressed in the card is specific and sincere. Give voice to the employee’s talent, skill, or effort and the difference they made.

Articulate a powerful purpose. Employees who come to work every day in the service of a cause greater than themselves report higher levels of engagement and job satisfaction. They also report having more energy and resilience at work. Identify a cause worthy of each individual employee’s time, effort and attention. Use lofty language that stirs the emotions and discuss your purpose often. Share stories that illustrate the ways your team fulfills this purpose.

Make time for fun. As a leader, you have ownership of and responsibility for the culture of the work environment. Give people a chance to interact with each other beyond the responsibilities, tasks and obligations of work. Hold birthday parties and baby showers as appropriate. Schedule a silly hat day, hold show and tell at a staff meeting, or organize a potluck lunch. When colleagues get to view each other beyond the tasks and responsibilities of their job roles, it builds stronger team relationships.

It may be overwhelming to tackle everything on this list, so pick one. Set time aside for it on your calendar. Do it now. Whatever you choose to focus on, remember time, commitment and perseverance are required to succeed in any leadership role. Along the way, keep your leadership priorities simple and oriented toward the people on your teams and setting them up for success. You’ll be better off for it, and so will your team, at year’s end.

Joe Mull, M.Ed

Joe Mull, M.Ed, is a leadership trainer and keynote speaker. He works with healthcare organizations that want their practice leaders to engage, inspire, and succeed. To learn more or bring Joe to your site, visit www.joemull.com.

IN MEMORIAM

John S. Kennerdell, MD, passed away Friday, August 11, 2017, following a courageous battle with cancer.

He was the founder and chairman of the Department of Ophthalmology at Allegheny General Hospital until his retirement in 2010. But even in retirement, Jack remained involved in teaching, one of his passions, at the University of Jacksonville in Florida and volunteering with the Catholic Charities in downtown Pittsburgh.

Jack was a native of Natrona Heights and grew up in a family of jewelers and optometrists and this molded his technical bend. His brother, Ed, 17 years his senior, also was an ophthalmologist.

Following a prep year at The Kisky School, Jack enrolled at Bucknell for pre-med and then went on to Temple medical school where he graduated in 1961. He decided to make his first move to Florida and joined the U.S. Navy in 1962 and was stationed in Guam. Then his travel bug took hold early, and he moved to California where he met his first wife, Mary Ellen. His daughter, Nancy, was born in 1963, and then, following a move to Boston, his son, Jeff, was born in 1964.

A growing family did not slow the man down, and he did a few

months' stint in Haiti before enrolling in residency at Pitt in 1965.

In 1970, Dr. Ken Richardson recruited Jack back to Pittsburgh, where he held a dual appointment in ophthalmology and neurology. His interest in neuro-ophthamology and the unmet needs in orbital surgery drove Jack to become an innovator. Several Pittsburgh-area ophthalmologists reminded me the last few weeks that not many were interested in the field at the time and Jack taught them with passion. Indeed, this was and remained an important trait throughout Jack's career: teaching and training the next generation of fellows. He did so, and 35 physicians can today carry his legacy.

He met his second wife, Pat, around 1980 and she became a very supportive wife in his growing role. In 1983, he became the acting chair of the department at Pitt, but when the search committee set their eyes on Dr. Richard Thoft of Boston, Jack crossed town in 1985 and convinced Allegheny General Hospital to believe in his vision for a multi-specialty department. He was able to grow in experience and national



Dr. Kennerdell

stature and founded the annual orbital course and Saturday morning ground rounds, which so well represented his teaching goals.

In 1992, he took the lead of the Pittsburgh Ophthalmology Society and in 1993 became president of the Pennsylvania Academy of Ophthalmology. All the while, Jack's instruction courses and papers at the annual American Academy of Ophthalmology meeting increased his international reputation as an innovator from percutaneous fine needle biopsies of orbital lesions to novel surgical approaches developed with the collaboration of his longtime friend and colleague, neurosurgeon Dr. Joseph Maroon.

Jack did travel all 5 continents for scientific meetings and later pleasure. He never let his battles with cancer slow him down too much! The AAO gave him the Senior Honor Award in 1997, which pretty much represents a 30-year contribution to lecturing his peers. So, there is no question that Jack had a profound impact on the evolution of his chosen specialty and dared to go and explore where few others had before him. His wisdom and direct approach when asked for advice or help will be missed. May he rest in peace after a life fully lived. ...

Thierry Verstraeten, MD