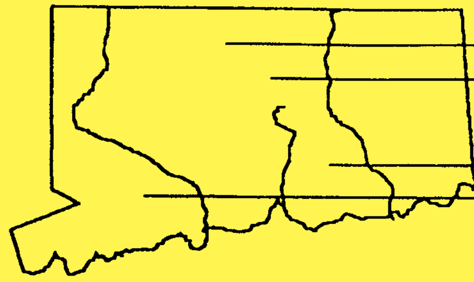
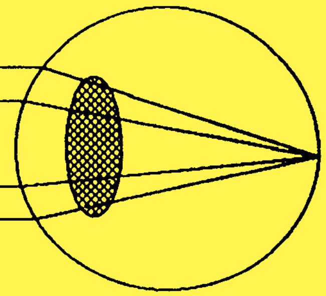

Winter/Spring 2019

CSEP ADVOCACY

Day at the Capitol March 1, 2019

Day at the Capitol breakfast briefing

Members waiting to speak to legislators

Speaker of the House Joe Aresimowicz meets with Ron Adelman, MD; Bill Ehlers, MD; David Emmel, MD; Mitch Gilbert, MD; Ed Lim, MD; Delia Manjoney, MD; Jim Martone, MD; Kristy Mascarenhas, MD; Marez Megalla, MD; Raji Mulukuta, MD; Andy Packer, MD; Beth Rocco, MD; Jeff Sandler, MD; Chris Teng, MD; Steve Thornquist, MD; Scott Walter, MD; Amanda Wang, MD

Focal Points Editor Jeffrey R. Sandler, M.D.

Dear Colleagues,

Since serving as the editor of the CSEP newsletter from the time the earth was still cooling until the recent Meghalayan age, I have been enjoying several years of retirement. So it is with great regret that I must inform you that Fearless Leader has twisted my arm into reviving the position, and an e-version of the newsletter will periodically appear in your emailbox.

I do feel compelled to report on the Doctors Day at the Capitol, held on March 1. On that day, fifteen ophthalmologists joined twenty-one other physicians in Hartford to explain our concerns and our quest for their help in protecting the health of the citizens of Connecticut. That morning, we met with, and heard from our lieutenant governor, Susan Bysiewicz, and Sate of Connecticut Health Care Advocate, Ted Doolittle. Over the course of the day, we fanned out over the state capital, speaking to every available state representative.

We spoke to them about the damaging effect of high deductible health care plans; how they have perverted the utilization of care and often resulted in delayed care, as well as disrupting the patient-physician relationship by creating an adversarial relationship as the burden of collecting payment has been shifted to us.

We talked about simplifying the prior authorization process, another burden on our offices and staff and obstacle to care. And we strongly voiced our concerns about step therapy in our belief that it hurts patients by severely limiting their therapy options.

The representatives were also asked to study high drug prices that are prohibiting many patients from receiving necessary medications. And they were asked to implement regulations that stop insurers, paraprofessional health care providers, facilities and institutions from using fraudulent, deceptive, or misleading advertising. Lastly, we asked that the state establish a task force to study the reasons that Connecticut physicians retire prematurely, or move out of state, as well as studying why it is difficult to recruit new physicians to come here.

I cannot emphasize enough the importance of this day. I also want to recognize and thank our colleagues who took the time to come to the Capitol, and urge you to plan to come next year. Deb sends out the date in ample time to set aside the day, or even half a day, to insure that our voices are heard in Hartford.

Jeffrey R. Sandler, M.D.
Editor (apparently) for Life,
CSEP Newsletter

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

Be a Champion for Preserving Sight by Supporting the Surgical Scope Fund

The Academy's Surgical Scope Fund is ophthalmology's most effective tool in defeating dangerous optometric surgery initiatives that threaten the high standards of surgical safety that every eye patient deserves. Optometry will spend millions this year to gain surgical privileges.

Counter their efforts with your Surgical Scope Fund contribution and reaffirm your commitment to protecting sight. **Give today by logging onto AAO website** - click on https://secure.aao.org/aao/Login?returnurl=%2faao%2fsurgical-scope-fund
then look for Surgical Fund Donate

HELP Prevent the Next Arkansas by Fortifying the Surgical Scope Fund Today

Optometry played the long game in its decisive push for surgical privileges in Arkansas. They spent thousands of dollars over the past decade cultivating relationships that paid off last month when Arkansas' governor and state legislature agreed to allow optometrists to add laser surgery, scalpel surgery and injections to their scope of practice. Don't allow money to dictate who sets the surgical standards in your state. Give the Surgical Scope Fund the means to support ophthalmologists who are fighting to stop dangerous optometric surgery initiatives. The fund remains ophthalmology's most effective tool in maintaining the high standards of surgical safety that every eye patient deserves.

COMECC- Needs an Injection of Financial Support from Our Members - William Ehlers, M.D.

As treasurer of COMECC, CSEP's Ophthalmology PAC, I am obligated to file quarterly reports with the State Election Enforcement Committee. A report was due on April 10th, and I actually filed the report from Washington DC, where I was attending the AAO's Midyear Forum.

As I worked on the report, I was frankly appalled that we had so few donors, and asked Debbie if I could write something for the newsletter, trying to whip up support for COMECC, as well as OPHPAC and the Surgical scope fund. You should ALL be familiar with these PACS and, in my opinion, you should be donating to ALL of them.

At the MYF, attendees received something of a surprise when the AAO leadership presented their vision of a closer, more collegial relationship between the American Academy of Ophthalmology and the American Association of Optometry, the academically oriented optometry organization; not to be confused with the AOA, the American Optometric Association; the politically active group we know well.

There are reasons a closer working relationship could be beneficial to both providers and patients, but those of us who work on containing scope expansion know only too well how good intentions turn into regrets. That is another discussion, and I am sure Ed Lim's contribution to this newsletter will bring you all up to speed on the AAO presentation. The changes are so sweeping, that I had to consider how I could ask our many members who do not donate to COMECC and the other ophthalmology PACS to do so.

I was frankly discouraged, as I have been actively involved in this fight for 30 years - my entire professional career. Having said that, I now want to tell you why my original plan was right; there are still scope battles to be fought. As we continue to defend the practice distinctions we won through so many hours of work and study, it will be important to educate legislators on the differences between our level a training and those who want a back door entrance to the same rights. It will be equally important to try to educate patients on the same issue. It is clear that in some parts of the country, they will have a choice for eye care, and it must be certain that they understand their choice.

The AAO lobbying team is considered one of the best in Washington. They do a remarkable job of organizing at both the federal and state levels, and the CSEP crew, Debbie - our lobbyists and volunteers – are legendary. However, if you want to influence the direction that CSEP and AAO take, you must make your voice heard. It is still true that about 20% of active ophthalmologists donate to our PACS, but all practicing Ophthalmologist benefit from our activism. It is time. It is past time.

I understand donor fatigue; I sometimes suffer from it myself. We all have dozens of organizations that want our money and time, and we are not the sort who let others do the hard work. Many of us are at the point in our careers where the actions of Optometrists and others are not going to have a huge impact on us…we are successful with secure reputations and followings; but as we age who will take care of our eyes, or our children's eyes, or our grandchildren's eyes?

Please join the battle. Not only by donating to COMECC and the others, but get involved in advocacy on a personal level.

It is now or never.

2019 AAO Mid-Year Forum Update - Edward Lim, M.D., AAO Councilor

There is great respect for AAOphthalmology leaders looking toward the future of eye care delivery in the United Sates. The current dynamic and partisan space of healthcare delivery is impacted with a Presidential election in 2020, high premium and high deductible health plans, drug shortages, drug price volatility, increased operating costs, increased regulatory burdens, and the still in place, Sequester. This by no means is a complete list. AAO leadership is trying to stay ahead of these issues.
At this years' Mid-Year Forum (MYF 2019) in Washington DC, there was an announcement by David Parke II, MD (AAO, CEO) and George Williams MD (AAO, President) that along with the AAO Board, there is a consideration for a closer relationship with the American Academy of Optometry (AAO). The AAOptometry membership is estimated at about 9000 practicing optometrists and according to their website, their mission, in part, states:

The American Academy of Optometry is committed to promoting the art and science of vision care through lifelong learning. The Academy provides continuing education to optometrists and vision scientists at our annual meeting….

This is in contrast to the American Optometric Association (AOA) whose membership is about 44,000 optometrists. The opening statement on the AOA website states:

The American Optometric Association is the leading authority on quality care and an advocate for our nation's health, representing more than 44,000 doctors of optometry (O.D.), optometric professionals and optometry students. Doctors of optometry take a leading role in patient care with respect to eye and vision care, as well as general health and well-being. As primary health care providers, doctors of optometry have extensive, ongoing training to examine, diagnose, treat and manage ocular disorders, diseases and injuries and systemic diseases that manifest in the eye. Doctors of optometry provide more than two-thirds of primary eye care in the U.S….

The announcement by Drs Parke and Williams was made during the Council Meeting where State and Subspecialty Councilors were able to comment and pose queries. There were more concerns and opinions than there was time to discuss, and both Drs Williams and Parke assured everyone that this is the start of an idea and that more discussion would follow. Although there is a designated time for the non-Councilor meeting attendees to speak for all to hear, the activity from the Council floor and the responses from Drs Parke and Williams overflowed, so not everyone had a chance to be heard.

It is unclear how the relationship of AAO2AAO would manifest itself. There was some discussion of allowing AAOptometry members to attend the AAOphthalmology Annual Meeting but clearly there is no firm plan on the table for consideration at this time.

As a member of the ophthalmic community whose mission is to fight for sight and our patients' safety, our national leaders need to hear from you. CSEP is planning a survey to get the aggregate opinion of the ophthalmic community in Connecticut. Your state leadership is already in contact with the AAOphthalmology leaders to get greater clarity on their proposal and how it may affect patients and our profession. You will hear from CSEP leaders as they get more detailed information. I urge you to participate and let your voice be heard by our leadership at the American Academy of Ophthalmology. The Academy has considered similar ideas in the past and needs your input as it guides our profession into the future.

CT Delegation taking a brief moment before rigorous meeting schedule with US Congressmen and Senators

2019 AAO Mid-Year Update Cont'd - Jeffrey Sandler, M.D.

Private Equity

The selling of practices to private equity firms is a hot topic now. This consolidation is very different than the PPMCs of the 1990s, as those firms used their capital to buy more practices, rather than improve efficiencies and help gain better contracts. Moreover, the PE firms are much more astute and financially sound. And the acquisitions are structured differently than PPMCs - they acquire 100% of the practice, and are not dependent on going public to succeed. The value of the practice is based on adjusted EBITDA, as wel as the demographics of your practice within a region. There is more money up front; albeit with other downstream restrictions and requirments, and their goal is to show profitability and flip the entity within a few years.

For those who have interest, start with a knowledgeable investment banker who can determine your EBITDA and provide advice. It is an inexpensive way to gain information, as they are paid when a deal is completed. Document everything, and get everything in writing.

Emergency Preparedness

1. Disasters

Every practice should have a plan for a flood, hurricane, electrical outage, internet outage, fire, or other calamity that has the potential to cripple the practice for days or even weeks.

2. Cybersecurity

There has been a dramatic increase in cybercrime since 2016. The information at risk also includes bank accounts, social security numbers, etc. Personal health records are the most valuable information to cyberthieves! The weakest link is your staff, opening a malignant email. Best practices:

- Provide separate employee and guest wifi networks
- Don't open links or attachments
- Verify the authenticity of software before downloading
- Don't send unencrypted emails
- Use antivirus software
- Back up all data away form the site and not on a LAN.
- View employee training information on the OMIC website

The minimum coverage recommended (in dollars) is ten times the number of patient charts.
OMIC provides $100K coverage for cyber attacks. (If you use a different medical liability insurer, check on your coverage).

3. Workplace violence and Active Shooters

The number of active shooter incidents - defined as an individual actively engaged in killing or attempting to kill people in a confined and populated area - in a health facility is actually low. (This does not include targeted attacks.) Should you experience one, you should:
RUN, HIDE, FIGHT

Running away as fast as you can is your best chance for survival. Do not zig-zag or crouch, just run. If you cannot, hide and, as the very last resort, fight. Note that if you are with a patient, even in the O. R., you are not legally bound to stay with the patient, and should reduce the number of potential victims by running (moral feelings aside).

Young Ophthalmologists Matter – David Emmel, M.D.

An important and growing part of the Mid-Year Forum is the Ambassador Program that brings physicians-in-training, both residents and fellows, to Washington to participate in the event. The purpose of the program is to introduce young ophthalmologists to the advocacy efforts of the state and national societies and to encourage them to maintain their interest after they graduate from their training programs. This year there were 170 Ambassadors from residency and fellowship programs from nearly every state. It is considered an honor to be chosen, and although most begin the process more than a little nervous about their responsibilities, they invariably find the experience enlightening, stimulating and well worth the time and effort. The Ambassadors accompany us on our Congressional Rounds where they play a key role in representing the future of ophthalmology. They have conferences designed specifically for them and they are able to participate in the Hearings and Council Meetings if they choose to. The Ambassadors receive financial support from their residency programs, fellowship programs, specialty societies, and in many cases from their state societies as well. Most years we have two ambassadors, one supported by CSEP and the other by Yale. Ambassadors contribute by offering their unique perspective to the future practice of our specialty and they stimulate our passion by reminding us how important advocacy is to our profession. This year's
group was no exception. They were engaged and wonderful to have on board and we look forward to hearing about their commitment to advocacy as they mature in their professional lives.

Benjamin Young, MD is the rising chief resident at the Yale Department of Ophthalmology and Visual Sciences.

"AAO Mid-Year forum was the best conference experience I've ever had. I learned the hard details of what policy issues face our patients today, and got to participate and learn how to advocate directly to Congress. Further, I made lasting connections with people who care about the same issues I do. This is a MUST GO conference for eye physicians who care about patient advocacy." Thanks again for your time and support!! Ben

Andrew Pouw, MD is a senior ophthalmology resident at Yale, and will be starting a Glaucoma fellowship at the Wilmer Eye Institute at Johns Hopkins in July.

"Before MYF, I had never thought of becoming highly involved in advocacy. It seemed too unapproachable and too politically sensitive, particularly with scope of practice issues, for me to feel confident navigating it all. But after watching and learning from our highly experienced and admirable state delegation, I recognize not only how important advocacy is, but also how doable it is. Our excellent state delegation has been working tirelessly for all of us, and with the Mid-Year Forum's Ambassador program for resident ophthalmologists, more of us will join the fight."

Immediate Action – CSEP Survey

Dear Members,
At the Mid-Year Forum Councilor's meeting, David Parke, II, MD AAO Chief Executive Officer and George Williams, MD, AAO President made an announcement revisiting the possibility of optometric memberships in the American Academy of Ophthalmology as associated members and deepening the relationship with the American Academy of Optometry. Unfortunately this issue was not on the agenda and Councilors were taken by surprise. The response period to this issue was limited.
More Councilors stood to discuss than there was time allotted, and by the end of the Council Meeting there were many unanswered questions. In response, CSEP has contacted Dr Parke for further clarification. Attached is our letter and his response.
As you can see, there is great support for influencing healthcare towards patient centered, physician-lead, and a team-approach to care. Furthermore, Dr. Parke clearly would like a seat-at-the table for Ophthalmology in crafting its design for the future. However, there are patient safety concerns when legislation of surgical privileges overrides training and experience. Currently there are numerous states that are facing this issue of "crafting the illusion" of provider equivalency and blurring the lines on the two professions. One may wonder what impact a blurring of the differentiation between optometry and ophthalmology would have on patient safety.
We would like your input to gauge the mood and appetite of our members regarding this proposed change in the AAO.

1. Do you support OD membership in the American Academy of Ophthalmology, as associated members?
Yes _______ No_____________

2. Do you think Optometry will be less likely to seek surgical privileges if given associated membership in AAO?
Yes________ No____________

3. Have you contributed to the Surgical Scope Fund (SSF) in the past 5 years
Yes _______ No________

4. If yes to question 3. Would you continue to support the SSF if optometry was allowed AAO membership parity to ophthalmology?
Yes___________ Less likely___________No______________

5. Should AAO leadership provide a reason to the entire membership before creating such an associated membership for optometry?
Yes____________ No

6. Should AAO ask members to vote on this issue?
Yes ______ No______

7. Comments____
____

Fax to: 860-567-3591

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

American Academy of Ophthalmology
Surgical Scope Fund, Dept. #34041
PO Box 39000
San Francisco, CA 94139
Fax: (415) 561-8545

CONFIDENTIAL

2019 Surgical Scope Fund

Fighting for Surgery by Surgeons

❑ Contribution by Individual Member ❑ Corporate Contribution by Practice

Name (if individual contribution) *(please print)* Member ID

Practice Name (if corporate contribution)

Street address City, State, Zip code

Email address Cell Phone Number

For corporate contributions, record gift under:

❑ Practice Name only. Number of AAO members in practice _________. (required)

❑ Assign equal portions to members of the practice listed below:

____ ____

____ ____

____ ____

____ ____

Contribution: ☐ $2,500 ☐ $1,000 ☐ $500 ☐ $365 Club *(A dollar-a-day)* ☐ Other $ __________

Payment Options:

- Contribute online at www.aao.org/ssf
- Check made payable to **American Academy of Ophthalmology-SSF**
- Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

NOTE: Credit card contributions may be paid in monthly installments; however, this must be done online by the member at www.aao.org/ssf. Monthly installment contributions are not available for group contributions.

Card number Expiration date

Cardholder's billing address

Name on card Signature

Please return completed form to:
American Academy of Ophthalmology Surgical Scope Fund
Dept. #34041, PO Box 39000,
San Francisco, CA 94139 *or* Fax: (415) 561-8545

Corporate and individual contributions are accepted but are not tax deductible as a charitable or business expense. **Contributions to the Surgical Scope Fund are CONFIDENTIAL and are not subject to FEC reporting requirements.** Funds are not used for contributions to political candidates or their PACs. For questions or to inquire about your giving history, please contact Anne Berger, manager of state governmental affairs at 202.737.6662.

Connecticut Society of Eye Physicians

2019 COMECC Contribution Form

P.O. Box 854, Litchfield, CT 06759

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

This portion can be faxed back to 860-567-3591 for your
2019 COMECC voluntary contribution using a credit card

______Visa ______ Mastercard ______ American Express

_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /_____ /
(16 digit card number)

_____ /_____ /_____
(Expiration date)

_____ /_____ /_____
*3 digit # that appears on the back of the Visa/Mastercard

_____ /_____ /_____ /_____
*4 digit # that appears on the front of the American Express

$ __________ Total amount charged **RECOMMENDED AMOUNT $275.00**

______ **$300** ______ **$500** ______ **$750** ______ **$1,000** ______ **other**

______________________________ (Card holder's name)

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5 digit Zipcode (required) ______________________

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Please print the name on the credit card and who COMECC is being paid for:

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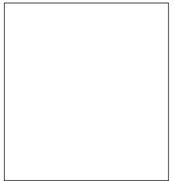
Personal checks can be mailed to:

COMECC, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759

email form to debbieosborn36@yahoo.com or fax to 860-567-3591

Building comraderie

26 Sally Burr Road
PO Box 854
Litchfield, CT 06759



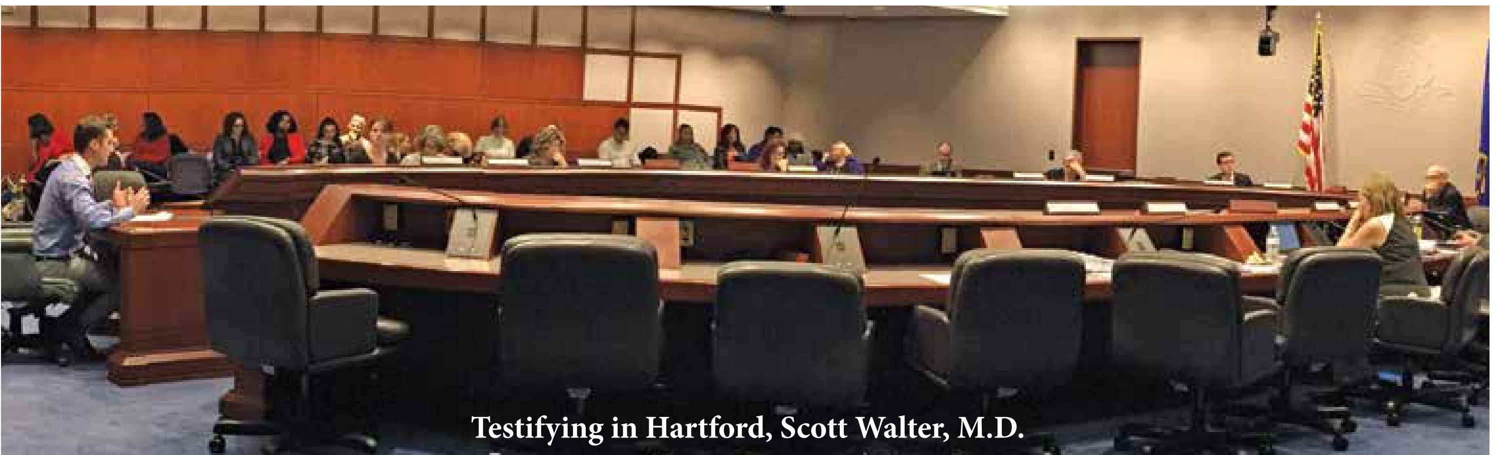
To:

Ed Lim, M.D. raises questions at Mid-Year Forum

Congressional Advocacy Day – Washington D.C.

Meeting with US Congresswoman Rosa DeLauro's staff

US Congressman, Joe Courtney speakers to delegation



Testifying in Hartford, Scott Walter, M.D.