

AMERICAN ACADEMY  
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## AAO Update 2022

Robert Wiggins MD, MHA  
AAO President  
Southern Eye Congress  
July 24, 2022

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## Financial Disclosures

None

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## AAO Update 2022

Advocacy

- Physician Payment
- Prior Authorization
- Step Therapy
- Scope of Practice
  - State Legislation
  - VA Federal Supremacy Project

The Annual Meeting

The Changing Demography of Ophthalmic Practice

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## 2023 Medicare Physician Payment Cuts

- Short Term Strategy – Avoid 2023 Cuts
  - Congress must again act to stop 4% PAYGO and 4.42% PFS cuts by the end of the year
  - Sequestration 2% cut reinstated April and July 1, 2022
- Long Term Strategy – Payment Reform
  - AAO joined AMA-led workgroup to develop principles of Medicare payment reform (published Jun 1, 2022)
  - Workgroup meeting regularly on specific policy solutions (e.g., budget neutrality, inflationary updates)



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- Academy maintaining leadership role
- Relaunched end of June
- 14 surgical groups plus Anesthesiology
- Press announcement on 2023 Medicare fee schedule cuts
- "Week of Action" planned for end of July & September



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## Global Surgical Payment PO Equity – 4.2% Boost

- AAO leading the Surgical Coalition workgroup
  - Hosted meeting with CMS political appointee
  - Senate Finance staff who agreed to reach out to CMS
  - Initiating a House sign-on letter to CMS—
    - Secured Reps. Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) to champion the letter
- 2023 Medicare Physician Fee Schedule Proposed Rule (likely will) not update global surgical payments; however, we will press to have it addressed in the Final Rule.



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## Prior Authorization

- Improving Seniors' Timely Access to Care Act of 2021
  - Over 306 House co-sponsors, making H.R. 3173 eligible for streamlined consideration on the House floor
  - Tentative commitment for Committee markup in July
  - S. 3018 has strong bipartisan support with one-third of senators cosponsoring
  - 38 new House/Senate co-sponsors since Congressional Advocacy Day
- Meeting with CMS on May 24 about proliferation of abusive PA policies in Medicare Advantage
  - Included Aetna cataract PA policy as an example
- E&C Oversight Committee hearing on OIG, GAO recommendations to CMS on guidance for MA plans



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## Aetna Cataract PA Advocacy Campaign *Advocacy Works!*

### The Goal

Apply public pressure on Aetna to change their prior authorization policy for cataract surgery. Launch July 1, 2021

### The Plan

Identified, developed, and activated internal and external media assets to securing targeted media placements about the dangers of Aetna's new prior authorization policy.

### The Result

Aetna withdraws cataract PA (for all products except GA/FL MA plans) requirement July 1, 2022



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## Academy Partners in Aetna Battle

- Thanks to hundreds of Academy members who provided examples of their experiences and patient disruption
- Thanks to ASCRS who joined us in PR campaign, 3 meetings with Aetna leadership and meeting with CMS



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## Our Media Strategy

Highlight patient stories to show the danger and egregiousness of Aetna's policy



### Make Health the Priority

"I'm sharing my story to sympathize with the millions of Americans who may not have the medical understanding or resources to navigate a system that has so clearly been re-designed to confuse, delay, and ultimately deny health care."

Dr. Brandon Johnson

Activate member physicians who are facing administrative burdens

### The Columbus Dispatch

#### Aetna has thrown up barriers to sight-saving surgeries

"When we first entered the profession, we could not have foreseen how abusive insurance company practices would become, or how they would take control of medical decisions from doctors and put them in hands of insurance company administrators who delay, disrupt, and sometimes deny medically necessary care."

-Drs. Alice Epitropoulos and Megan Chambers

Work with external influencers to highlight Aetna's overreach & advocate for reform legislation



#### Ensuring patients have timely access to necessary medical care

"I urge my colleagues in Congress to take the first step to streamline the prior authorization process by quickly passing H.R. 3173, so that we can ensure that patients get timely access to care and to have a better relationship with their doctor."

-U.S. Representative Marianne Miller-Meeks (IA-02)



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## Partnering with Patient Advocacy Groups



**PATIENTS RISING**

Terry Wilcox, Executive Director

**MEDPAGE TODAY**

Opinion • Special Opinions

**When Prior Authorization Practices Go Too Far**  
— Congress can reverse a troubling trend that creates patient care disruptions

By Terry Wilcox September 12, 2020



**Industry Voices—How prior authorization can disrupt medically necessary care**

By Terry Wilcox October 20, 2020

**Med City News**

**Insurance company abuses are putting more patients' care out of reach**

Insurers' abuse of prior authorization is creating health risks for patients and contributing to higher downstream costs for both beneficiaries and the larger health care system.

By TERRY WILCOX



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## Media Placements

**KHN**  
KAISER HEALTH NEWS

**THE HILL**

**The Detroit News**

**CT INSIDER**

**Healio**  
com

**Orlando Sentinel**

**MedCity News**

**yahoo!**  
news

**SPECTRUM NEWS**

**BOSTON Herald**

**AJMC**

**FIERCE**  
Healthcare

**Star-Telegram**  
FORT WORTH

**MORNING CONSULT**

**MEDPAGE TODAY**

**WINSTON-SALEM JOURNAL**



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## Step Therapy

- Academy leading coalition of 79 patient and provider groups
- Hosted meeting with CMS on May 18 to share stories of patient harm caused by step therapy
- Follow-up coalition letter calling for reinstatement of the ban sent to CMS on June 1
- Working to secure Congressional champions to lead letter to CMS to reinstate ban in Medicare Advantage
- Safe Step Act (H.R. 2163/S. 464)
  - Would enact guardrails/patient protections for ERISA plans
  - 9 new cosponsors since Congressional Advocacy Day
  - Action not expected this year



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## State Surgical Battles



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## Surgery by Surgeons *"Members, We Have a Problem"*



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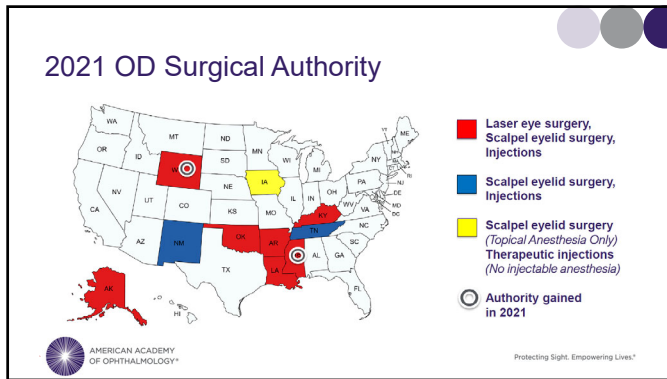
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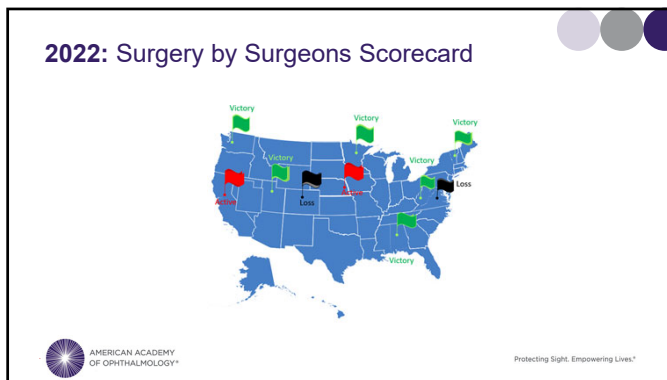
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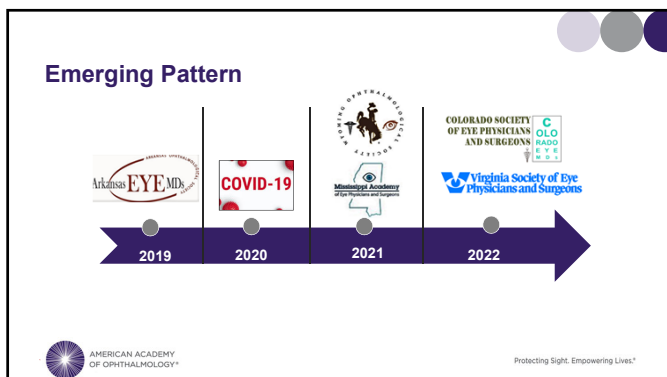
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## VA Federal Supremacy Project

- The VA is evaluating "national standards of practice" for all providers
- The scope of practice allowed will apply in every state, regardless of state regulations
- State scope of practice laws may influence the VA's decision
- Training: 1200 ophthalmology residents rotate through the VA every year



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## US Peer-Reviewed Medical Literature



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## Access

### Comparing Access to Laser Capsulotomy Performed by Optometrists and Ophthalmologists in Oklahoma by Calculated Driving Distance and Time

Mikael A. Maher, MD, Jay C. Eise, MD

**Purpose:** To quantify Medicare beneficiary proximity to his or her vitreum-aluminum-garnet (VAG) laser capsulotomy providing ophthalmologist and optometrist in Oklahoma by calculating driving distance and time.

**Design:** Cross-sectional cohort study using 2014 Oklahoma Medicare 100% and 5% data sets and Google Maps distance and travel time application programming interfaces.

**Participants:** U.S. fee-for-service Medicare beneficiaries and Oklahoma ophthalmologist and optometrist laser capsulotomy providers.

**Methods:** The 2014 Medicare Provider Utilization and Payment Limited 100% and 5% datasets from the Centers for Medicare and Medicaid (CMS) were obtained to identify the office street addresses of Oklahoma ophthalmologists and optometrists who submitted claims to Medicare for a VAG laser capsulotomy, and the county addresses of the corresponding Medicare beneficiaries who received the laser capsulotomy. The shortest travel distance and travel time between the beneficiary and the laser provider were calculated by using Google Maps distance and travel time application programming interfaces.

**Main Outcome Measures:** Beneficiary driving distances and times to his or her VAG laser capsulotomy providing Oklahoma ophthalmologist and optometrist.

**Results:** In 2014, 95 (37%) of 257 Oklahoma ophthalmologists and 65 (13%) of 506 Oklahoma optometrists submitted a total of 1521 and 3751 VAG laser capsulotomy claims to Medicare, respectively. By using the Medicare Limited 5% dataset, there was no difference in driving distance between beneficiaries who received a laser capsulotomy from an ophthalmologist (median, 46 miles; IQR, 13–125 miles;  $P = 0.53$ ) or in driving time to an ophthalmologist (median, 47 minutes; IQR, 19–115 minutes) compared with an optometrist (median, 50 minutes; IQR, 17–117 minutes;  $P = 0.76$ ).

**Conclusion:** For Medicare beneficiaries, there was no difference in geographic access to VAG laser capsulotomy whether performed by an Oklahoma ophthalmologist or optometrist as determined by calculated driving distance and time. Ophthalmology 2017;124(12):1336–1341. © 2017 by the American Academy of Ophthalmology



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## Outcomes


JAMA Ophthalmology | Original Investigation

### Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma

Joshua D. Stein, MD, MS, Peter Y. Zhan, MD, Chris Andrews, PhD, Gregory L. Skuta, MD

**RESULTS** A total of 1184 eyes of 891 eligible patients underwent LTP from January 1, 2008, through December 31, 2013. There were 1150 eyes that received LTP (97.1%) by an ophthalmologist and 234 eyes (19.8%) that had the procedure performed by an optometrist. The mean (SD) age at the initial LTP was 77.7 (5.5) years for eyes with ophthalmologist-performed LTP and 77.6 (6.0) years for those with optometrist-performed LTP ( $P = .89$ ). Among the 1184 eyes receiving LTP, 258 (21.8%) underwent more than 1 LTP in the same eye. The proportion of eyes undergoing LTP by an optometrist requiring 1 or more subsequent LTP session (25.9%) was more than double the proportion of eyes that received this procedure by an ophthalmologist (5.7%). Medicare beneficiaries undergoing LTP by optometrists had a 189% increased hazard of requiring additional LTPs in the same eye compared with those receiving LTP by ophthalmologists (hazard ratio, 2.89; 95% CI, 2.00–4.02;  $P < .001$ ) after adjusting for potential confounders.

**CONCLUSIONS AND RELEVANCE** Considerable differences exist among the proportions of patients requiring additional LTPs comparing those who were initially treated by ophthalmologists with those initially treated by optometrists. Health policy makers should be cautious about approving laser privileges for optometrists practicing in other states until the reasons for these differences are better understood.



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## Commentary

### Public Health Policy Lessons From Oklahoma


Alex L. Rabin, MD

- 360-degree LTP became standard after 1987 after approval of apraclonidine and clinical trials showed efficacy and safety
- Concerning that more than twice as many LTPs performed by optometry in terms of costs to the healthcare system, to patients, and families
- Further study indicated and granting privileges to ODs to perform LTP should await outcome of additional studies

### Laser Trabeculoplasty Use Patterns Among Optometrists and Ophthalmologists in Oklahoma

Walter Riggins, OD

- Training of ODs recommended treating 180 degrees first, second half of angle if needed
- Goal was to reduce risk of post laser IOP elevation
- Second treatment consistent with prevailing guidance
- Additional studies recommended



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## "We have Met the Enemy and it is Us" (at least in part)





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### Academy Advocacy Resources

Government Affairs Staff • Legislative, Regulatory and State	Grassroots Advocacy
Congressional Advocate Program	Congressional Advocacy Day
OPHTHPAC	Surgical Scope Fund



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### Academy Advocacy Resources Curtailed

Government Affairs • Skeleton team	
Congressional Advocates • Fewer, unsupported	



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### Grassroots Advocacy

- Influences government action
- Tells lawmakers what's important to their constituents
- Builds support for new legislation
- Allows constituents to share their own personal stories – amplifying our message
- Provides busy ophthalmologists an easy way to support the Academy and their profession
- Engages patients in support our advocacy priorities

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## Grassroots Communications



TARGETED EMAIL  
MESSAGES



SOCIAL MEDIA  
ADVOCACY



PHONE CALLS



ONLINE  
PETITIONS



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## How Grassroots Advocacy Makes a Difference

- **Problem:**
  - Steep Medicare cuts in 2021 and 2022 unless Congress acted
- **Grassroots Engagement:**
  - 2,800+ ophthalmologists sent 8,700+ emails to Capitol Hill in 2020
  - 2,300+ ophthalmologists sent 5,400+ emails to Capitol Hill in 2021
  - Amplified messages from other specialties/providers
- **Result:**
  - Congress acted!

Dear Representative:

As your constituent and an ophthalmologist who cares deeply about my patients, I urge you to take action to stop drastic Medicare payment cuts scheduled to take effect in January 2022. You can protect patients and physician practices by cosponsoring H.R. 6020, the Supporting Medicare Providers Act.

H.R. 6020 would extend the Medicare physician payment adjustment of 3.75% that Congress enacted for 2021 for an additional year. The clock is running out for you and your colleagues to stop the 9% payment cut scheduled for 2022. Please cosponsor H.R. 6020 today and tell your leadership that Congress must act before the end of the year.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions. Sincerely,



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## Congressional Advocate Program

- National network of "key ophthalmology contacts" for members of Congress
- Seeks to match an ophthalmologist with every member of Congress
- Congressional Advocates:
  - Develop relationships with lawmakers/staff
  - Engage lawmakers on Academy's advocacy priorities
  - Deliver OPHTHPAC contributions when requested



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## Attend Congressional Advocacy Day



Over 350 ophthalmologists attended this year's Congressional Advocacy Day in Washington DC with meetings with members of Congress and their healthcare staff.



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## Advocacy Support: Surgical Scope Fund

- The AAO Surgical Scope fund provides support to state ophthalmological and medical societies to ensure patient safety and surgical standards.
- Provide your support at: <https://www.aao.org/advocacy/surgical-scope-fund/overview>
- OR Text **SCOPE** to 51555
- Get to know your state legislators now.



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## Advocacy Support: OPHTHPAC

- Help elect friends of ophthalmology to Congress through the Academy's political action committee.
- Every ophthalmologist should support OPHTHPAC
  - Medicare Fee Cuts
  - Equity in Global Surgical Payments for PO Visits
  - Prior Authorization and Step Therapy
  - Federal Supremacy Project
- Join OPHTHPAC at [www.aao.org/advocacy-overview](http://www.aao.org/advocacy-overview)



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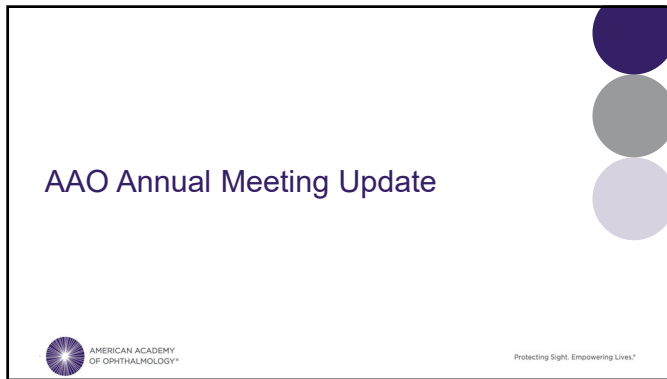
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AAO Annual Meeting Update

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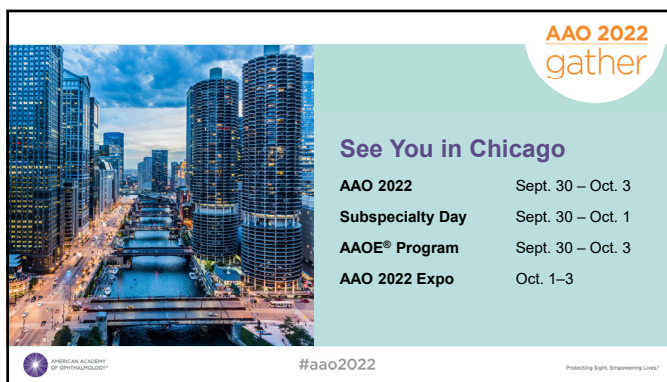
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AAO 2022  
gather

**See You in Chicago**

AAO 2022	Sept. 30 – Oct. 3
Subspecialty Day	Sept. 30 – Oct. 1
AAOE® Program	Sept. 30 – Oct. 3
AAO 2022 Expo	Oct. 1–3

#aao2022

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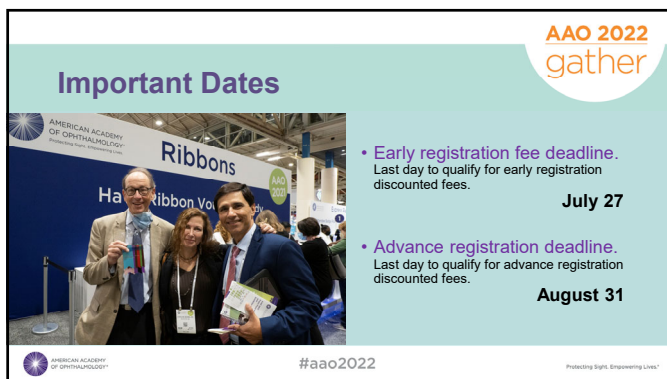
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AAO 2022  
gather

**Important Dates**

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**Ribbons**

Have a Ribbon Vo

- **Early registration fee deadline.**  
Last day to qualify for early registration discounted fees.  
**July 27**
- **Advance registration deadline.**  
Last day to qualify for advance registration discounted fees.  
**August 31**

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## Chicago Highlights

### AAO 2022 gather

#### Chicago's Food Bucket List

- Chicago-style pizza
- A hot dog the Chicago way (seven toppings)
- Garrett Popcorn shop's caramel-and-cheese mix
- 2022 James Beard Best Chef (Great Lakes): Erick Williams of Virtue Restaurant
- Taste the world in foodie neighborhoods: Chinatown, Greektown, Pilsen, Little India and more


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## The Changing Demography of Ophthalmology Practice


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## 2021 Practice Environment Survey

American Academy of Ophthalmology

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## Survey Overview

- **Who:** 9,000 randomly selected members representative of the Academy's 18,500 U.S. practicing ophthalmologist membership
- **What:** 14-question survey developed and administered by an independent research firm in September – October 2021
- **Why:** To evaluate the general health of the profession and assess current practice environment statistics
- **Outcome:** 10% response rate with a confidence level of 95% +/- 3.03%



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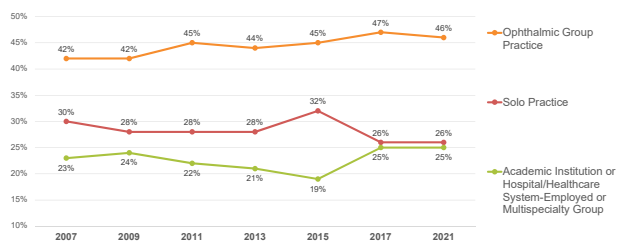
## Consolidation

- Ophthalmology practices are growing in size
- Driven by financial issues, access to management expertise
- Growth of private equity, academic programs, employment by health systems
- Decline in solo practice



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## Practice Type

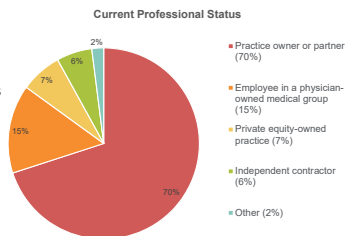


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## Ophthalmologists in Private Practice

- 3 of 4 ophthalmologists are in private practice

- Ophthalmology private practices
  - 36% employ scribes
  - 85% employ technicians
  - 44% employ optometrists



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## Practice Size - Ophthalmologists

- 59% are in practices with 4 or fewer ophthalmologists
- 4% of practices have 50 or more ophthalmologists
- The average size of an ophthalmology group practice is 6.4 ophthalmologists, an increase from 4.2 ophthalmologists in 2001



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## Growth in Private Equity

- Estimated that about 1000-1500 ophthalmologists work in PE affiliated practices
- Pros: economies of scale, practice management expertise, access to capital for growth, potential for leverage with payers and vendors, way for senior MDs to get equity out of practices they have built
- Cons: PE focus on short term profits, loss of MD autonomy; uncertainty about future ownership

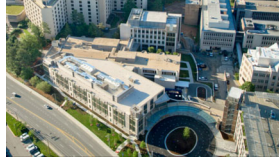


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## Growth in Academic/Health System Employment

	Academic Institution/Hospital Staff	Academic Institution Only
1996	7%	
1998	8%	
1999	9%	
2001	7%	
2003	7%	
2005	8%	
2007	14%	
2009	16%	
2011	13%	
2013	15%	
2015	12%	8%
2017	17%	14%
2021	19%	14%



Duke Eye Center



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## Subspecialization

- In 2001, 51% of ophthalmologists described their practice as comprehensive
- Today, 43% label themselves that way
- About 2/3 of residents pursue subspecialty training
- Many factors underlie subspecialization
- Though still great need for comprehensive providers and (outside of retinal/vitreous injections) cataract surgery is the most common surgical procedure

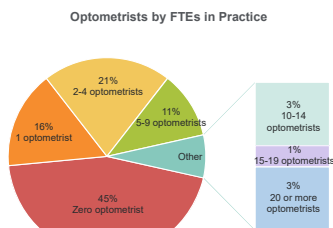


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## Practice Size - Optometrists

- 45% of ophthalmology practices do not have any optometrist
- On average, there are
  - 3 ODs in ophthalmology group practices
  - 7 ODs in ophthalmology departments in academic and hospital/healthcare system settings

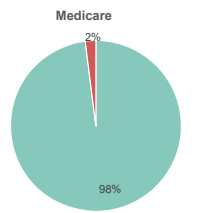
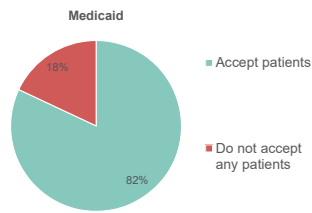


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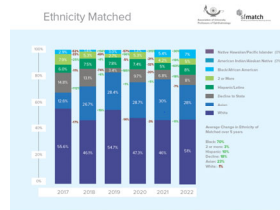
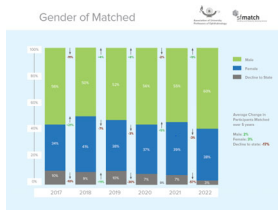
## Positions on Accepting Medicare and Medicaid



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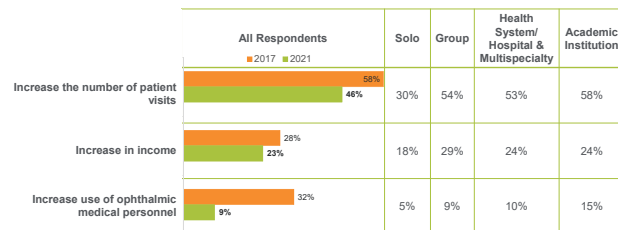
## Physician Demographics



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## Practice Changes – Past 3 Years

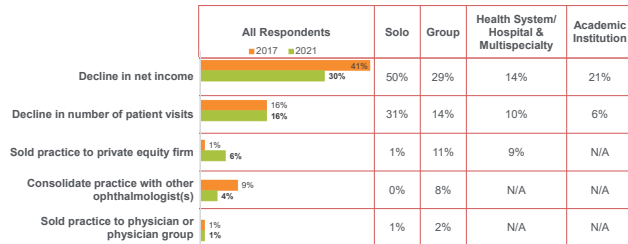


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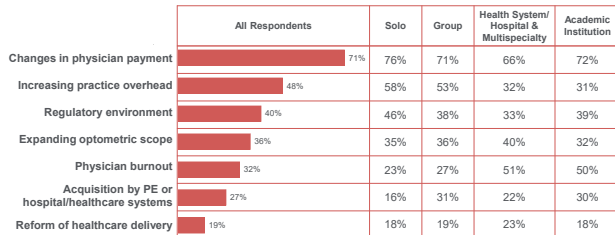
## Practice Changes – Past 3 Years



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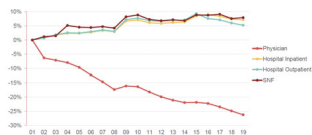
## Threats to the Profession

By Practice Type



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## Declining Reimbursement and Increasing Expenses



CPI Adjusted Medicare Payment Rates  
2001-2019



Annual US Inflation Rate  
2010-2022



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## Anticipated Practice Changes – Next 3 Years

	All Respondents	Solo	Group	Health System/ Hospital & Multispecialty	Academic Institution
Reduce hours/work part-time	17%	19%	15%	20%	19%
Retire	11%	20%	9%	4%	7%
Merge with another ophthalmologist or group	5%	8%	5%	3%	N/A
Sell practice to another ophthalmologist or group	5%	14%	3%	N/A	N/A
Sell practice to a private equity firm and become an employee	4%	9%	4%	2%	N/A
Sell practice to a hospital or healthcare system	2%	5%	1%	3%	N/A
Leave a practice to start my own	3%	N/A	2%	9%	3%



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## COVID-Related Stress and Work Intentions: Medicine's Great Resignation?

- 1 in 5 doctors plan exit in 2 years
- 1 in 3 doctors intend to reduce work hours in next 12 months
- Study found burnout, workload, fear of infection, anxiety related to COVID-19, and number of years in practice associated with intent to reduce work hours or leave
- "Medical assistants experienced some of the highest degrees of COVID-related stress, and healthcare organizations nationwide are having a tough time filling medical assistant positions, leaving clinics shorthanded and adding to the work and stress of the rest of the care team, including physicians."

-Source: Sinsky, CA et al. COVID-related stress and work intentions in a sample of US healthcare workers. *Mayo Clinic Proceedings: Innovation, Quality, and Outcomes*; December 8, 2021



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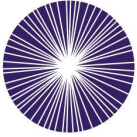
## My prediction

- We will be faced with new challenges.
- Ophthalmologists are resilient.
- We have a great mission: "Protecting sight. Empowering Lives."
- There will continue to be a great demand for our services and satisfaction in providing them.
- We'll be fine. . . if we advocate for our profession and our patients and prepare ourselves for the future.



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