

**Ohio Ophthalmological Society Annual Meeting
February 25, 2023**

PHYSICIAN AGENDA

7:00 am Registration
Breakfast/Visit Exhibits & Posters

8:00 am **Welcome**
Carla Ford, MD, OOS President

8:10 am **ATIOLs in Imperfect Eyes**
Alison Early, MD, Cincinnati Eye Institute

Patients increasingly desire a full range of spectacle-independent eyes. As IOL technology continues to evolve, it is important to provide access to all patients who desire premium lens implants. Patients may still have excellent visual outcomes even if they do not have “perfect” eyes. By attending you should be able to identify common “rule-out” criteria for advanced technology IOL patient selection; consider the full suite of available IOL options for all patients; recognize scenarios in which practicing defensive medicine may overshadow the patient’s visual goals and expectations; and discuss patient cases in which a high level of patient satisfaction was achieved using ATIOLs in “imperfect eyes.”

8:35 am **Glaucoma Surgical Patterns at an Academic Center**
Ang Li, MD, Glaucoma Staff, Cole Eye Institute, Cleveland Clinic

With the many new minimal invasive glaucoma procedures on the rise today, it is informative to reflect on our changing surgical practice patterns. By attending you should be able to describe the changing surgical landscape of glaucoma at a local academic center and identify the prevalence of different glaucoma surgeries.

9:00 am **Corneal Crosslinking**
Andrew Hendershot, MD, Professor of Ophthalmology and Residency Program Director, The Ohio State University Haver Eye Institute Department of Ophthalmology and Visual Sciences

There is a shift in how keratoconus is managed compared to 10 years ago. Early Detection is now more important than ever. There are current treatments did not exist 20 years ago, and have only been FDA approved for six years. By attending you should be able to describe the role of corneal crosslinking in the treatment of progressive ectasia; identify patients who would likely benefit from this treatment; and list the risks and potential side effects of corneal crosslinking.

9:25 am **Morning speaker Q&A #1**

9:45 am **Training Program Spotlight: Cleveland Clinic Cole Eye Institute**

5-year Visual Acuity Outcomes of Fovea-involving Rhegmatogenous Retinal Detachments
Caroline Awh, MD, PGY3

Conventional teaching is that a previously healthy macula may suffer irreversible damage once detached, leading to worse outcomes in “macula-on” vs. “macula-off” rhegmatogenous retinal detachments. Our analysis shows that a reattached fovea has tremendous capacity for recovery, and visual acuity may continue to improve for longer than previously understood. By attending you should be able to review the current research on visual outcomes following fovea-involving rhegmatogenous retinal detachments and recognize the potential for photoreceptor regeneration and visual acuity gains following RRD repair in the long-term post-operative period.

Longitudinal Changes in Aqueous Humor Cytokines in Diabetic Macular Edema Treated with Anti-Vascular Endothelial Growth Factor Therapy
Joseph Abraham, MD, PGY3

Understanding the biologic underpinnings of differing phenotypic profiles in diseases such as diabetic macular edema could allow for personalized treatment regimens in the future especially as intravitreal treatment options continue to expand. Additionally, this work effectively integrates advanced imaging techniques into such assessments facilitating understanding of a biologic-anatomic profile in diabetic macular edema. By attending you should be able to evaluate how advanced retinal imaging techniques can be utilized in translational investigations and identify markers that may correlate with anti-VEGF treatment response.

10:00 am **Break/Visit Exhibits & Posters**

10:40 am **Drug Induced Maculopathy**

Elizabeth Shanika Esparaz, MD, Board Certified Ophthalmologist, Medical Retinal Specialist, Board Certified Lifestyle Medicine Specialist, Physician and Owner at Envision Ophthalmology & Wellness

As eye care physicians, it is important for us to be aware of, and appropriately screen our patients for potential medication that could be toxic to the retina and visual loss. By attending you should be able to list common medication that could cause retinal toxicity; identify hydroxychloroquine toxicity and pentosan polysulfate toxicity; and apply preferred practice patterns for screening of hydroxychloroquine toxicity.

11:05 am **Corneal Biomechanics in Ophthalmology: Where are we?**

J. Bradley Randleman, MD, Professor, Department of Ophthalmology, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Co-Director, Refractive Surgery, Cole Eye Institute, Cleveland Clinic

Corneal biomechanics play an integral role in refractive surgery and keratoconus detection and management. There have been numerous devices that promise a better understanding of the underlying biomechanical impact of various procedures on the cornea, including laser vision correction for refractive error and corneal cross-linking for keratoconus. By attending you should be able to describe the focally focal nature of ectatic corneal disease and compare the differential impact LASIK, PRK, and SMILE have on the cornea.

11:30 am **The Explosion of New Glaucoma Treatment Options!**

Shelly Jain, MD, Professor of Clinical Ophthalmology, Glaucoma Fellowship Director, OSU Wexner Medical Center Department of Ophthalmology and Visual Sciences

Glaucoma is a leading cause of irreversible blindness in the United States and the world. Staying current on the the newest treatment options is essential in providing the best care to our patients. By attending you should be confident with informing patients about the various treatment options for glaucoma.

11:55 am **Morning speaker Q&A #2**

12:15 pm **Business Meeting/Elections**

12:30 pm **Lunch / Visit Exhibits & Posters**

Young Ophthalmologist Lunch

- Work-life balance – *Alison Early, MD*
- Importance of Advocacy – *Todd Baker*
- Top 5 tips for YO's – *Ruth Williams, MD*

1:30 pm **Keynote presentation: The Current Landscape and Future of Ophthalmology**

Ruth Williams, MD, President and CEO of Wheaton Eye Clinic, and 2012 president of the American Academy of Ophthalmology

Ophthalmologists have increasing pressures that challenge our ability to provide effective, efficient, competent, and superb patient care. The complexities of ophthalmic practice are challenging, but strategies can be implemented to address issues like prior authorization, health system consolidation, patient incivility, workforce shortages, reimbursement cuts, and staying current with evidence-based recommendations. By attending you should be able to discuss trends in ophthalmic practice and how these dynamics might affect patient care; list strategies for addressing prior authorization issues, patient incivility, workforce shortages, and reimbursement cuts; identify strategies for remaining independent and reasons for pursuing private equity; and evaluate options for staying current on evidence-based recommendations.

2:15 pm

What's New for 2023 Reimbursement

Mary Pat Johnson, COMT, CPC, COE, CPMA, Senior Consultant, Corcoran Consulting Group

Billing and reimbursement guidelines often change each year. Medicare policies are often revised, payment rates change. Physicians need to be aware of changes that impact their practice. By attending you should be able to list the 2023 reimbursement changes and changes in payment policy that impact ophthalmology; use the new CPT, HCPCS and ICD-10 codes; be aware of how reimbursement is made for new technology or new procedures; and describe the current Medicare audit projects in progress.

3:00 pm

Lessons Learned from Endophthalmitis Claims

Michelle Pineda, MBA, Risk Manager, OMIC

Endophthalmitis is a rare but serious complication of ophthalmic procedures, and most frequently occurs following cataract surgery and intravitreal injections, but can occur after any invasive procedure. Delayed diagnosis and treatment are factors in many cases and often lead to complete or partial loss of vision, enucleation, or evisceration. Claims history reveals that employing risk management protocols can assist the healthcare team in achieving earlier diagnosis and treatment that improve patient outcomes and increase the defensibility of claims. By attending you should be able to identify the purpose of a thorough, procedure-specific informed consent, including patient-specific risks; implement effective protocols for responding to postoperative complaints; and document care in a timely manner, including the thought process underlying management of various situations, such as ruling out differential diagnoses, treatment plans, and more.

4:00 pm

Adjourn