



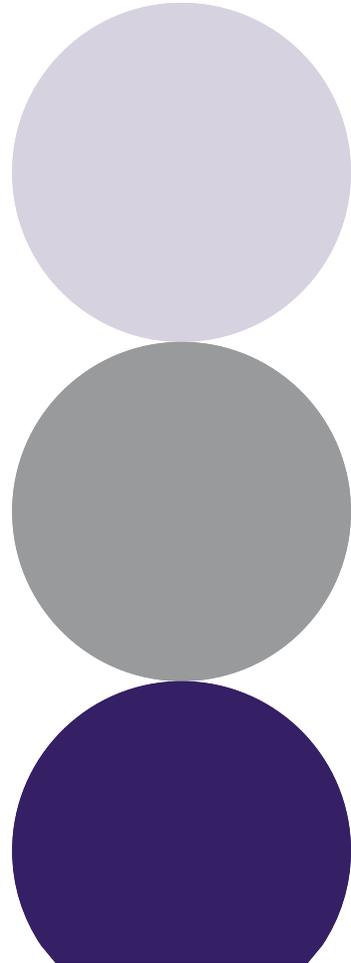
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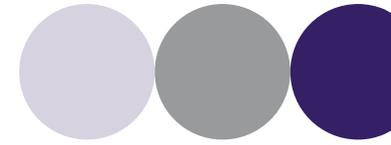
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# Academy Update

Christopher J. Rapuano, MD  
President, American Academy of Ophthalmology

Ohio Ophthalmological Society  
February 28, 2026





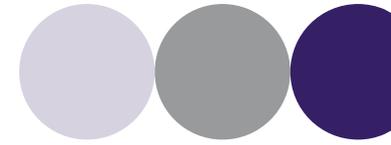
# Financial Disclosures

None



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# Academy Highlights

## 1. Education

- Ophthalmology Emergency Care Coverage
- Surgical Coaching
- Leveraging AI
- VR Program

## 2. Quality & Clinical Care

- FQHC Pilot

## 3. Mid-Year Forum

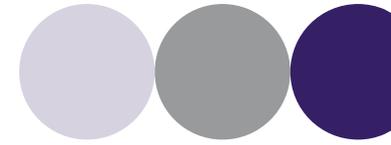
- Advocacy Ambassador Program

## 4. AAO 2026 (New Orleans)



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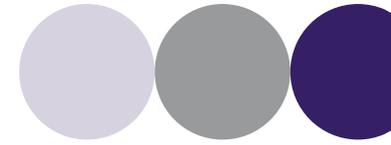
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# Background

- **Hospitals EDs**
  - Full time, in-person physician staff in ED
- **ED & hospital in-patient consults**
  - Many/most subspecialists in the hospital most of the day
  - Able to come to the ED/in-patient floor or have patient transferred to their office
  - Teaching hospitals have residents/fellows and their attendings

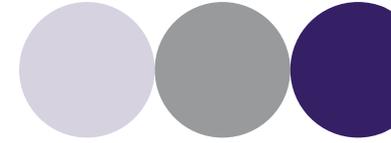




# Background

- **Many physicians are on hospital staffs**
  - Admit their patients there
  - Operate there
- **Hospital by-laws can “mandate” physicians take call**
  - Cover their ED and in-patient consults

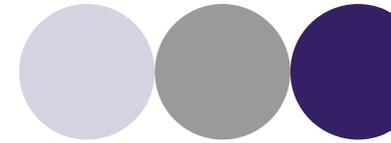




## Since ~2000

- **Many/most ophthalmologists**
  - Don't operate at a hospital
  - Don't admit patients to the hospital
  - Don't need to be on hospital staffs
  - In fact, new hospital credentialing regulations require a physician admit a certain number of patients or perform a certain number of procedures to remain on the hospital staff
  - SO, they leave hospital staffs

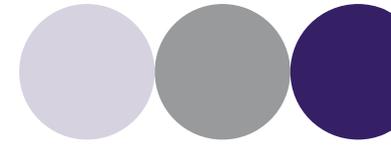




## Since ~2000

- **Vicious cycle for those who remain**
  - Fewer doctors operate at the hospital
    - Equipment not upgraded/maintained
    - Supplies not updated/available
    - OR staff no longer competent
    - Less & less OR time dedicated to ophthalmology

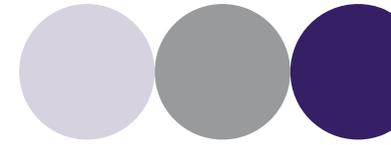




## Since ~2000

- **Ophthalmologists are more & more subspecialized**
  - Not comfortable outside their subspeciality
- **If they haven't taken call for a while**
  - They aren't comfortable seeing emergency cases or doing emergency surgery





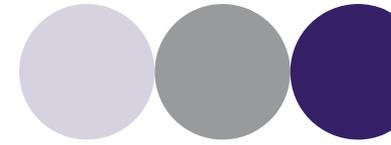
## Since ~2000

- **Many (younger) doctors feel their workday doesn't extend to evenings and weekends**



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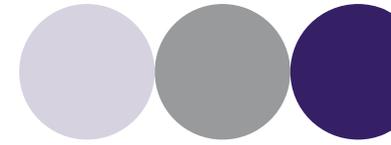
## Additional issues

- **Hospital systems acquiring additional facilities**
  - Doctors are on call for many locations
- **Many patients are uninsured**
- **Some hospitals pay for call, many don't**



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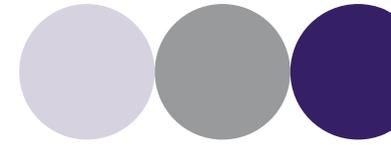
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# Knock-on effect

- **More & more patients transferred to academic programs**
  - Burden on trainees
  - Contributes to burnout
  - Possibly less willing to take call when go out into practice





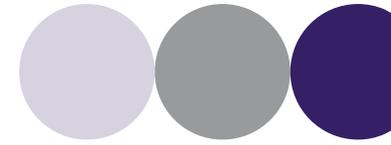
# Potential solutions

- **No “one size fits all” answer**
- **Location/community dependent**
- **Depend on:**
  - Clinical need
  - Existing practice patterns
  - # ophthalmologists, hospitals/systems, academic centers, etc.



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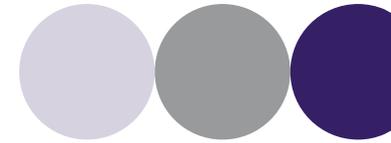
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# Potential solutions

- **Negotiating with hospitals**
  - Fair compensation
  - Medical staff guidelines (time to respond, malpractice coverage, etc.)
  - Appropriate equipment in ED & OR
  - Appropriately trained staff in ED & OR
  - Available OR time for emergency cases

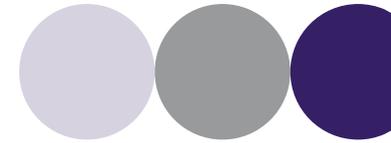




# Potential solutions

- **Develop standards**
  - Subspecialty specific “Damage Control Ophthalmology” guidelines for all those seeing eye emergency pts
  - A basic list of necessary ophthalmic equipment and supplies to treat eye patients in the ED and in the OR
- **Telemedicine**
  - ?? aided by AI





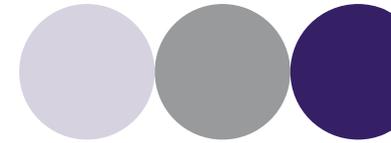
# Potential solutions

- **Education**
  - Clinical education regarding eye emergencies
    - On-line “program” to improve “Call Confidence”
  - Video surgical education for eye emergencies
    - Especially open globe repairs
  - Just-in-time education
    - Provide quick references for specific questions regarding ocular emergencies
    - Provide quick references including videos for specific questions regarding treating ocular trauma
    - AAO Education app
      - Wills Eye Manual, EyeWiki, surgical videos



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## Essentials of Taking Ophthalmic Trauma Call: Tips and Tricks from the Experts

SEP 23, 2025 by Grayson W Armstrong, MD, MPH, Fasika A Woreta, Fatemeh Rajaii, PHD, Mari...

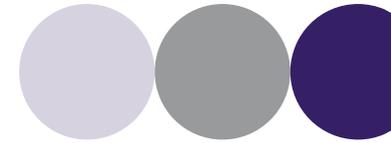
Developed in coordination with the American Society of Ophthalmic Trauma (ASOT) and jointly hosted by the American Academy of Ophthalmology, ASOT, and Associati...

Presentations / Presentation



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### Part II: Lateral Canthotomy and Cantholysis

DEC 17, 2025 by Marissa K Shoji, MD

In this video, Marissa K. Shoji, MD gives a concise overview of lateral canthotomy and cantholysis, outlining their role in treating orbital compartment synd...

Resident Lectures / Resident Lecture

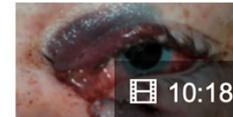


### Part I: Eyelid Laceration Repair

DEC 17, 2025 by Fatemeh Rajaii, MD, PHD

In this video, Fatemeh Rajaii, MD, PhD gives a brief overview of eyelid lacerations, outlining their evaluation, key clinical features, and the structures mo...

Resident Lectures / Resident Lecture



### Part VI: Closed Globe Injury

DEC 17, 2025 by Grayson W Armstrong, MD, MPH

In this video, Grayson W. Armstrong, MD, MPH provides a concise overview of closed globe injuries, outlining how to evaluate patients with these injuries and...

Resident Lectures / Resident Lecture



### Part V: Zone II and III Open Globe Injuries

DEC 17, 2025 by Marisa G Tieger, MD

In this video, Marisa G. Tieger, MD gives a concise overview of zone 2 and zone 3 open globe injuries, focusing on proper surgical preparation, key intraoper...

Resident Lectures / Resident Lecture



### Part IV: Zone I Open Globe Injury Repairs

DEC 17, 2025 by Christopher J Rapuano, MD

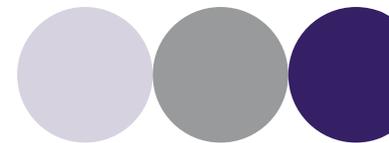
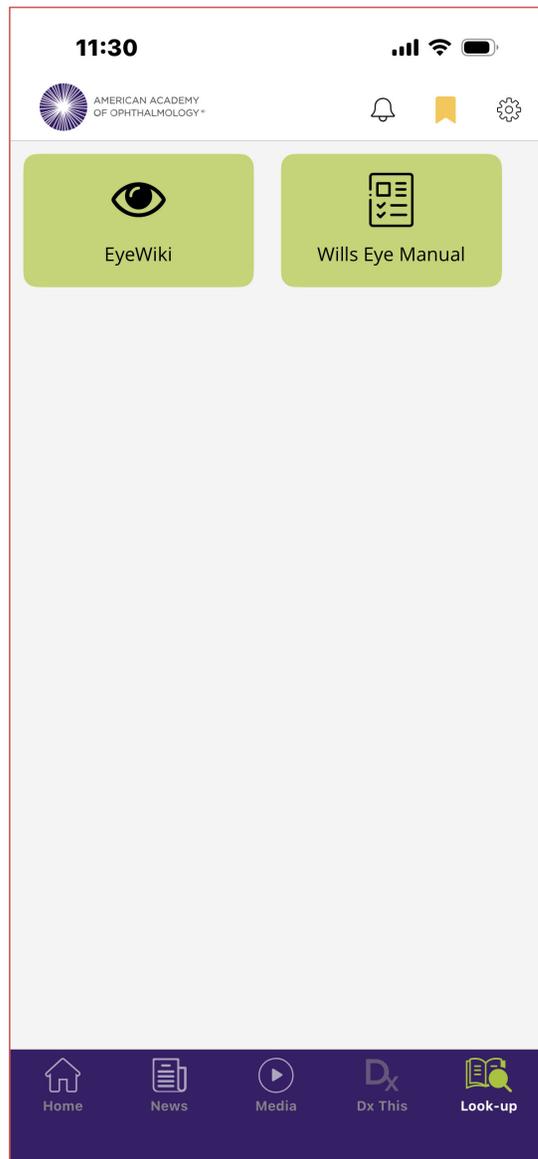
In this video, Christopher J. Rapuano, MD provides a concise overview of zone 1 open globe injuries, outlining key principles of when to repair corneal lacer...

Resident Lectures / Resident Lecture



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## What's New?

Updated articles this month

- Firearm Ocular Injury
- Lefort Fractures
- Ophthalmic Artery Pseudoaneurysm
- Orbital Floor Fractures
- Traumatic Optic Neuropathy

## Pages in category "Ocular Trauma"

The following 81 pages are in this category, out of 81 total.

### A

- Amniotic Membrane Transplant
- Anesthesia for Ruptured Globe Repair
- Angle Recession Glaucoma
- Animal-Induced Ocular Trauma
- Anisocoria
- Anterior Segment Trauma: Evaluation, Considerations and Initial Management

### B

- Birmingham Eye Trauma Terminology (BETT)
- Blast-Induced Traumatic Optic Neuropathy
- Blunt Ocular Trauma

### C

- Canalicular Laceration (Trauma)
- Chalcosis
- Chemical (Alkali and Acid) Injury of the Conjunctiva and Cornea
- Chorioretinitis Sclopetaria
- Choroidal Rupture
- Comotio Retinae
- Cyclodialysis Clefts

### D

- Dog Bites (periocular)

### E

- Electrical and Lightning-Induced Ocular Trauma
- Eucleation
- Evisceration
- Eye Injury Prevention
- Eyelid Burns
- Eyelid Laceration
- Eyelid Reconstruction

### F

- Firearm Ocular Injury
- Firework and Shrapnel Eye Injuries

### H

- Hyphema
- Hypotony Maculopathy

### I

- Imaging in Ocular and Ocular Adnexal Trauma
- Intraocular Foreign Bodies (IOFB)
- Iris Trauma Repair

### L

- Laser Safety in Ophthalmology
- Lefort Fractures

### M

- Medial Canthal Tendon Avulsion
- Monocular Precautions

### O

- Ocular Bee Injuries
- Ocular Manifestations of Elder Abuse
- Ocular Penetrating and Perforating Injuries
- Ocular Trauma Score
- Ocular Trauma: Acute Evaluation, Cataract, Glaucoma
- Ophthalmic Artery Pseudoaneurysm
- Ophthalmologic Ultrasound
- Optic Nerve Head Avulsion
- Orbital Compartment Syndrome
- Orbital Empyema
- Orbital Floor Fractures
- Orbital Foreign Body
- Orbital Medial Wall Fractures
- Orbital Roof fractures

### P

- Penetrating Keratoplasty
- Phacocoele and Pseudophacocoele
- Post-Traumatic Endophthalmitis
- Pre-Ophthalmologist Management of Eye Trauma
- Pseudophakic and Aphakic Glaucoma

- Purtscher Retinopathy and Purtscher-like Retinopathy

### R

- Removal of Corneal Foreign Bodies
- Retinal Detachment
- Retrobulbar Anesthesia
- Retrobulbar Hemorrhage
- Ruptured Globe

### S

- Scleral Buckling for Rhegmatogenous Retinal Detachment
- Sedation for ER Ophthalmic Evaluation
- Seidel Test
- Seven Rings of Trauma
- Subperiosteal Hematoma
- Surgical Management of Intumescent Cataracts
- Sympathetic Ophthalmia

### T

- Temporary Keratoprosthesis
- Terson Syndrome
- Traumatic Cataract Surgery
- Traumatic Glaucoma
- Traumatic Globe Luxation
- Traumatic Horner Syndrome
- Traumatic Iritis
- Traumatic Lens Dislocation
- Traumatic Motor Neuropathies (Third, Fourth, Sixth)
- Traumatic Optic Neuropathy

### V

- Vitreous Hemorrhage

### W

- White-Eyed Blow Out Fracture

### Z

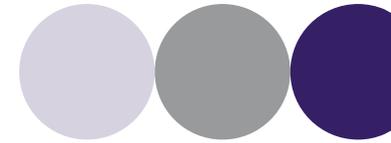
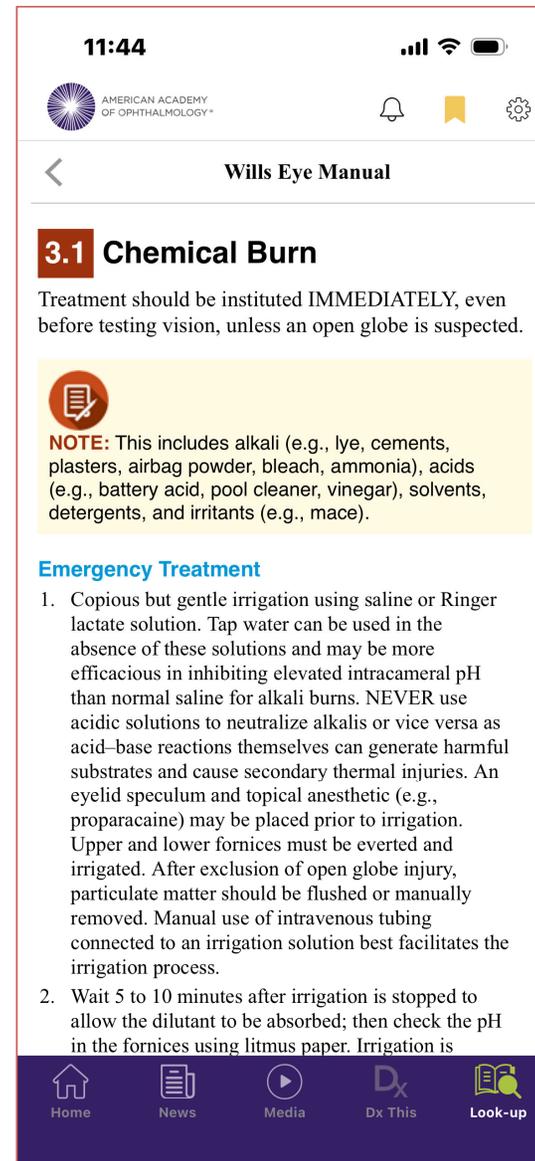
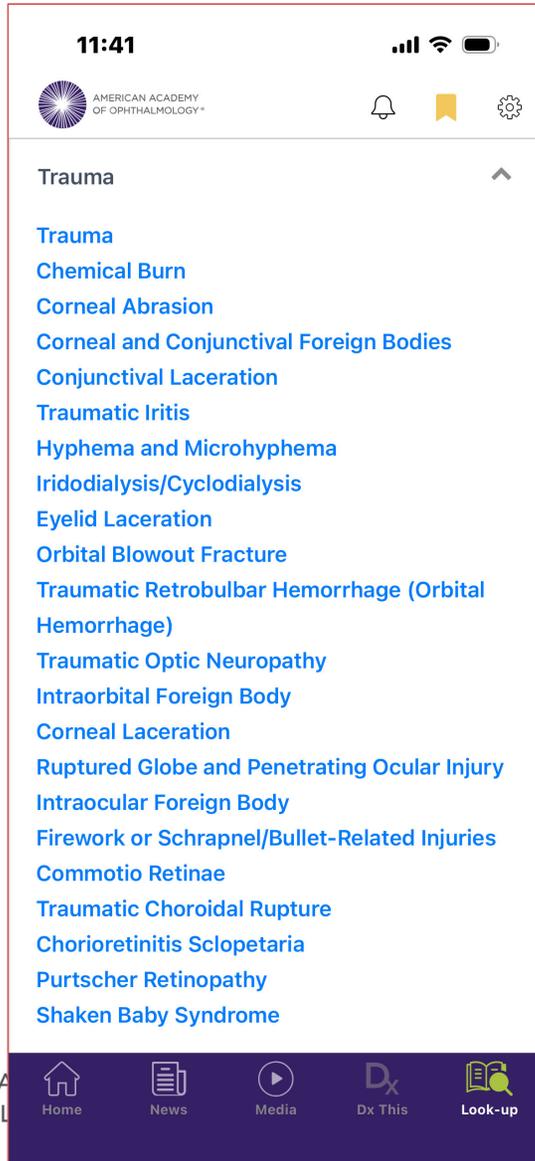
- Zone of Injury
- Zygomaticomaxillary Fractures



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# On-Call Confidence

- Cross-division focus for 2026:  
Improve coverage for trauma and non-trauma emergencies and hospital consults
- Multi-dimensional approach
  - Online tools (ONE Network and *EyeNet*)
  - Webinar (March)
    - Navigating Legal and Ethical Obligations
  - Mid-Year Forum 2026 Hearing (April)
    - Ophthalmology On Call in Crisis



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