



**January 11,
2019**

Faculty

Paul Finger, M.D. - *Ophthalmic Oncology*

Bradley Fouraker M.D.

Ron Gentile, M.D. - *Retina*

Robert Osher, M.D. - *Cataract
Herbst Lecture*

Ken Rosenthal, M.D. - *Cataract*

Sunil Srivastava, M.D. - *Uveitis*

**CSEP Scientific Programs and
Technology Expo
Vision Quest
PROGRAM BOOK**

Aqua Turf Club • 556 Mulberry Street, Plantsville, CT

**Quality Matters and
M.D. Makes a Difference**



www.connecticutsocietyofeyephysicians.com

Eye M.D. Education Mission Statement:

We are committed to advancing the highest standards of eye care through continuing education activities. The CSEP Semi-annual Scientific Education Programs are dedicated to improving and protecting our patient's vision and eye health by presenting advances in the diagnosis and treatment of eye disease. Our target audience includes ophthalmologists and their staff, including office managers and technicians.

Activities range from didactic lectures to participatory activities, and whenever possible are approved for CME credit. We expect that our audience will incorporate best practices, as presented, into their daily practice. Specific competency, performance and patient outcome goals that will result from the program will be proposed by the presenters and evaluated by the participants.

The CSEP Annual Scientific Education Programs are an opportunity for ophthalmologists to identify and discuss critical issues facing their profession. These programs are designed to present recent advances in the diagnosis and treatment of eye disease, offering symposia, scientific papers and videos. The CSEP programs are designed to meet the clinical and educational needs of its members and the objectives set forth by the CSEP education committee.



Vincent deLuise, M.D.
CSEP Education Chair

Reviewed 6-8-18

Special Acknowledgment and
Thanks to our Sponsors

TITANIUM

Genentech
Regeneron Healthcare Solutions, Inc.

PLATINUM

Alcon Surgical
Allergan, Inc.
Johnson & Johnson

GOLD

Lumenis
Novartis

Silver

Aerie

Alimera Sciences

Bausch & Lomb Surgical

Cherry Optical

Codex I Techworks

Community Health Network

CT HealthLink

Diopsys, Inc.

Ellex iTrack

Ellman, A Cynosure Company

Eversight

Eye MD (EMR HealthCare)

Executive Computer Systems

Falck Medical Inc.

Glaukos

Iridex

Konan Medical USA

Lensar

Lions Low Vision

Lombart Instrument

Macuhealth Distribution

Silver cont'd

Marco

New World Medical

Nextech

NovaBay Pharmaceuticals

OIC

Omeros

OMIC

Ophthalmic Innovations

Optos, Inc.

Optovue

Spectrum Vision Partners

Sun Ophthalmics

TD Bank

Zeiss Meditec, Inc.



Physicians' Program

**7:45 Registration and Continental Breakfast
- Vendor Expo**

**8:00 Co-management Risk Management Lessons
Learned**

– Bradley Fouraker, M.D. - OMIC*

Objectives: After participating in this presentation, ophthalmologists will be better able to: 1. Develop guidelines for comanagement of patients. 2. Communicate needed information during patient hand-offs (providers). 3. Manage patient expectations.

** OMIC 10% Discount on premiums apply with this lecture - for OMIC Policy Holders.*

**9:15 Suture Fixation of the Single Piece Acrylate
IOL in the Absence of Zonular Support – a
Contrarian Point of View**

– Kenneth J. Rosenthal, M.D.

Objectives: The attendee should be able to identify suitable candidates for implantation of single piece acrylate IOLs and understand the several surgical techniques, limitations, and cautions surrounding this series of techniques.

**9:45 Posterior Segment Trauma and Surgery with
Case Study**

– Ronald Gentile, M.D.

Objectives: To understand the terminology used to classify mechanical ocular trauma and be able to identify prognostic factors.

10:15 Coffee Break - Refreshments in Vendor Hall

Physicians' Program

- 10:45 **Multimodal Imaging of the Five Most Common Choroidal Tumors**
– Paul T. Finger, M.D.
Objectives: To help general ophthalmologists and retinal specialists differentiate between 5 choroidal tumors, benign and malignant.
- 11:15 **Essential Techniques for Rescuing Complications During Cataract Surgery**
– Robert H. Osher, M.D.
Herbst Lecture
Objectives: To recognize and respond to a series of complications that will allow surgeon to achieve excellent outcomes.
- 12:00 **Lunch - “Nation of Immigrants”** Presented by Guest Speaker, Kevin Jennings, President Tenement Museum in New York City
- 12:45 **Business Meeting**
Guest of Honor, Speaker of the House, Joe Aresimowicz
- 1:15 **Surgery in the Uveitis Patient - How to Manage Pre-op and Post-op Inflammation**
– Sunil K. Srivastava, M.D.
Objectives: 1. To discuss the management of the uveitis patient in the periop period to reduce complication risk. 2. To review postoperative inflammatory signs which warrant additional treatment.
- 1:45 **The Combined Tractional-Hydration Theory of Idiopathic Macular Holes**
– Ronald C. Gentile, M.D.
Objectives: To understand the forces causing idiopathic

Physicians' Program

macular holes and be able to predict which holes are most likely to close without surgery.

2:15 Techniques for Iris Repair and Rehabilitation

– Kenneth J. Rosenthal, M.D.

Objectives: The attendee will be able to identify various types of iris defects, their cause, and a strategy for repair of the iris using suture techniques, and various iris prosthetic implants.

2:45 Uveitis Update 2019 - What You Should Know and What You Shouldn't Miss

– Sunil K. Srivastava, M.D.

Objectives: 1. To review the work up of uveitis patients. 2. To discuss the treatment of uveitis patients.

3:30 Stretch your Legs - Grab some Java, Tea, Pastries and Visit with Industry Friends - Vendor Hall

4:00 Critical Conversations

– Robert H. Osher, M.D.

Objectives: What I've learned to improve the patient physician relationship.

4:45 CME Certificates & Door Prizes - Vendor Hall

The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6.75 AMA PRA Category I Credit(s)[™].

Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Connecticut Society of Eye Physicians is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

Physicians' Program

Physicians must fill out: • Program Evaluation
• Outcome Measurements • Pre-survey for Outcome Elements

Please see packet and/or visit our
website to down load these forms
www.connecticutsocietyofphysicians.com



Connecticut Society of Eye Physicians
January 11, 2019
Business Agenda

- I Call to order 12:45 pm – James Martone, M.D.

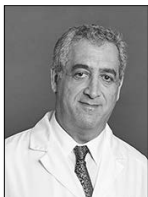
- II President's Report
 - A. Introduction - Guest of Honor, Speaker of the House, Joe Aresimowicz
 - B. Day at the Capitol
 - C. COMECC/Surgical Scope Contributions

- III Legislative Report – Bill Malitsky, Ross G.
 - A. Legislative Priorities
 - B. 2019 Election Results/Changes
 - C. AAO Update – Ed Lim, M.D., Counselor AAO
 - D. CSMS Update – Matt Katz

- IV Treasurer's Report
 - A. COMECC – Bill Ehlers, M.D.
 - B. CSEP – Jeanine Suchecki, M.D.

- V Education Report
 - A. June 14, 2019 – Aqua Turf
 - 1. Speakers
 - 2. Need members to fill out assessment forms

- VI Other Business



PAUL T. FINGER, M.D.

Ever since my very first day as an eye cancer specialist, I was trying to improve treatments. For example, in 1986, standard treatment for choroidal melanoma not only destroyed the tumor, but also made more than half of the patients blind. Also, back in the day, 30% of patients had to have their eyes removed as treatment. Today, at The New York Eye Cancer Center, enucleation has been reduced to a rate of about 5%. This change began, in part, because a patient whose melanoma was wrapped around the optic nerve made me seriously rethink removing her eye. I was moved to create the first slotted eye plaque. I had another patient whose melanoma involved her entire iris. Back then, standard of care was remove the eye. She said no, which motivated me to discover total anterior ocular palladium-103 plaque brachytherapy, where I cover the entire front of the eye with the plaque. That was 8 years ago, and she is still alive, 20/25, and happy with her decision to be the first of many. Diagnostically, I invented the "Finger Iridectomy Technique" FIT biopsy, which currently utilizes a 27 gauge aspiration cutter, placed through a submillimeter incision and under visco-elastic. FIT decreased the risks compared to needle biopsy. I also introduced the use total body PET/CT staging for metastasis for several eye tumors. However, I expect to be remembered for two things. Introducing palladium-103 plaque radiation therapy and anti-VEGF therapy. The latter and the most obvious gamechanger was the invention of anti-VEGF therapy for radiation retinopathy and optic neuropathy. Honestly, when I first saw the results of these injections, I almost fell out of my chair. Though my ability to destroy choroidal melanomas was better than most centers, in the 80's and 90's I remember watching over half of my patients lose their vision from like anti-VEGF injections. My recently published 10-year experience with anti-VEGF therapy

clearly shows that plaque radiation no longer means loss of vision for most patients. It has been tremendously exciting to introduce these innovations. Each of these discoveries have changed the lives of my patients. My lectures and publications have offered them to patients around the world. Personally, I am looking forward to that next patient I can help by thinking of a more innovative solution. I relish those “light-bulb” moments, which show me the way to improve or save the lives of eye cancer patients. Clearly doctor awareness, the ability to bring an idea to patients and clinical research funding are so important.



BRADLEY FOURAKER, M.D., FACS

Dr. Fouraker is a board-certified ophthalmologist, specializing in refractive surgery. Dr. Fouraker is an innovator in the development of refractive surgery having assisted in the design and performed the first Intrastromal corneal ring (INTACS) surgery in humans in the United States. He has been a primary investigator on numerous studies involving both INTACS and the Excimer laser, which is used for LASIK refractive surgery. Since 1988, Dr. Fouraker has been extensively involved in the training of eye surgeons to perform refractive surgery. His current practice includes LASIK and INTACS refractive surgery, corneal transplantation, cataract surgery, and the treatment of corneal diseases and ocular disorders.

Dr. Fouraker completed his undergraduate degree cum laude with departmental honors from Vanderbilt University. In 1983, he completed medical school at the University of Florida. His internship in Internal Medicine and residency in Ophthalmology were served at the Alton Ochsner Medical Foundation in New Orleans, Louisiana. Dr. Fouraker completed a fellowship in refractive surgery and corneal and external disease at the Dean A. McGee Eye Institute at the University of Oklahoma. He

then served as an assistant professor of Ophthalmology at St. Louis University prior to joining the faculty at the University of South Florida in 1992. Dr. Fouraker and his wife Vicki have two children, Angela and Ryan.



RONALD C. GENTILE, M.D., FACS, FASRS

Dr. Gentile is Clinical Professor of Ophthalmology, Director of the Ocular Trauma Service (posterior segment), and Coordinator of the Retina Service at The New York Eye and Ear Infirmary (NYEEI) of Mount Sinai affiliated with the Mount Sinai School of Medicine. Dr. Gentile dedicates his time to clinical ophthalmic

care, research, teaching, and humanitarian work. He is a retinal specialist and surgeon with expertise in diabetic eye disease, retinal vascular disorders, macular diseases, ultrasonography, UBM, retinal detachments and ocular trauma.

A Summa Cum Laude graduate of the School of Medicine at SUNY Downstate in Brooklyn, he completed his internship at Columbia Presbyterian Medical Center and his ophthalmology residency at the NYEEI. He performed his Retina Fellowship at the Kresge Eye Institute in Detroit, Michigan under the leadership of Dr. Gary Abrams.

Dr. Gentile has been consistently listed as one of “The Best Doctors in New York” in New York Magazine, recommended by his peers. He has been and continues to be a principle investigator for many trials, devoted to scientific research. Some of these trials have resulted in the newest therapies used today that save the vision of tens of thousands of patients worldwide. He has over a hundred publications, with many published in peer-review journals describing pathophysiological concepts, novel surgical techniques, and diagnostic tests for ocular diseases, helping him remain on the cutting edge while advancing his field.

Dr. Gentile serves as a reviewer for many scientific ophthalmic journals and is a member of the American Board of Ophthalmology, the American Society of Retina Specialists, and the New York Ophthalmological Society. He is past president New York Academy of Medicine, Ophthalmology Section and continues to be active within organized medicine. He has been a mentor to hundreds of young doctors and ophthalmologists, who he has helped train on both the art and science of medicine. He is also involved in leading humanitarian missions (operationrestorevision.org) to Africa, Asia, and Latin America to help those in need.



KEVIN JENNINGS

Kevin Jennings is the President of the Tenement Museum in New York City. The Tenement Museum tells the uniquely American stories of immigrants migrants, and refugees in the ongoing creation of our nation. Kevin began his career as a high school history teacher and, in 1988, he created the first high school-based Gay-Straight Alliance (GSA) club, leading him to found and lead the Gay, Lesbian and Straight Education Network (GLSEN) for 18 years, after which he served as the Assistant Deputy Secretary for Safe & Drug-Free Schools under President Obama. From 2012-2017, he worked as Executive Director of the Arcus Foundation, a leading international funder of conservation and human rights work. Kevin has published seven books, produced three films, and holds degrees from Harvard, Columbia, and NYU.



ROBERT H. OSHER, M.D.

Dr. Osher is Professor of Ophthalmology at the College of Medicine of the University of Cincinnati and Medical Director Emeritus of the Cincinnati Eye Institute. His practice has been limited to cataract and implant surgery by referral for thirty-eight years.

Dr. Osher served his residency at the Bascom Palmer Eye Institute and completed three fellowships in Miami and at the Wills Eye Hospital in Philadelphia. He has received the Heed Ophthalmic Fellowship Award, the Maumenee Award, the Sheets Award, the Helen Keller Award, the de Schweinitz Award, the Ridley Award, the Rayner Award and the Arnott Award from England, the Canon Award from Japan, the Senior Academy Honor Award from AAO, the Lim Award from China, the Gold Medal Award from Australia, the Mooney Award from Ireland, the Nordan Lifetime Achievement Award, the Kelman Award from Greece, the Excellence Award and the Watson Award from Canada. The American Society of Cataract and Refractive Surgery has given Dr. Osher its two highest honors, the prestigious Binkhorst Medal and the Innovator's Award. He also has received the Lifetime Achievement Award and the Kelman Award, the highest honor given to a cataract surgeon by the American Academy of Ophthalmology and the Kelman Award from the Brazilian Society of Cataract and Refractive Surgery.

Dr. Osher has designed many of the contemporary intraocular lenses and instruments used in cataract surgery, in addition to developing new techniques in this subspecialty. Dr. Osher's surgical videos have won more than 25 first-prize honors at the American, European, Asian and South American Cataract Societies including 3 Grand Prizes at ASCRS and ESCRS. He has delivered more than 100 named lectures to implant societies in more than 40 countries and he has contributed to a dozen text-

books in his subspecialty. He is the Founder and Editor of the Video Journal of Cataract, Refractive, and Glaucoma Surgery and has published more than 250 videos and peer reviewed articles. Dr. Osher founded and organized one of the largest annual cataract surgery meetings in the United States, Cataract Surgery: Telling It Like It Is! He is currently the CS:TIL!!! Program Director.



KENNETH J. ROSENTHAL, M.D., FACS

Dr. Rosenthal has been in private practice in New York City and Great Neck, Long Island, NY since 1980 and is the Surgeon Director of Rosenthal Eye and Facial Plastic Surgery and of Fifth Avenue Eye Care and Surgery.

He specializes in consultative cataract surgery with intraocular lens implantation, and Vision Correction. He has a particular academic and clinical concentration in the management of complex and complicated anterior segment surgery.

He is active on the academic teaching staffs of Northwell Health Systems and of the New York Eye and Ear Infirmary of Mount Sinai. Dr. Rosenthal holds an academic appointment (Associate Professor of Ophthalmology) at the World-renowned University Of Utah School Of Medicine – John A Moran Eye Center, recently ranked in the top 10 eye specialty hospitals in the country by U.S. News and World Report.

As an internationally recognized expert in the diagnosis and treatment of complex cataract surgical conditions his background has led him to develop new and innovative eye surgical technologies and is the inventor and patent holder of instruments and techniques related to eye surgery.

He is the recipient of the American Academy of Ophthalmology Senior Honor Award and by peer recommendation he has been honored by being named a “Best Doctors in New York” and

New York Magazine's "Best Doctors New York Metro Area." Dr. Rosenthal has participated as principal investigator in numerous clinical research trials for major pharma and device companies and the FDA. Notably, he is the only surgeon in the world to have participated in both of the FDA clinical trials for the capsular tension ring.

He serves on the medical advisory boards for pharmaceutical and medical device companies, and he has authored 100's of peer review abstracts, journal articles, and chapters on advanced eye surgical techniques. A recognized speaker, he has presented over 300 lectures and visiting professorships worldwide.

In addition, Dr. Rosenthal is a member of the Editorial Boards of the ophthalmology journals: *Review of Ophthalmology* as well as *Ocular Surgery News*.



SUNIL K. SRIVASTAVA, M.D.

Dr. Srivastava did his Fellowship at Duke University Medical Center Vitreo-retinal Surgery Durham, NC USA and in 2005 completed another fellowship at the National Institutes of Health Uveitis/ Medical Retina Bethesda, MD USA. His ophthalmology residency was done at - Emory University Hospitals and School of Medicine Ophthalmology Atlanta, GA USA. Dr. Srivastava completed his Internship at Saint Vincent's Hospital and Medical Center Internal Medicine, New York, NY USA and attended Medical School at the State University of New York at Buffalo School of Medicine Buffalo, NY USA, graduating in 1999. He completed his undergraduate training at Cornell University Ithaca, NY USA in 1994. Dr. Srivastava is currently a staff physician at the Cole Eye Institute Cleveland Clinic, in Cleveland, OH.

**Connecticut Society of Eye Physicians
Financial Interest Disclosure Report January 11, 2019**

Speaker	Financial Interest Received
Paul T. Finger, MD	None
Bradley Fouraker, MD	None
Ronald C. Gentile, MD	Alcon - Consultant
Kevin Jennings	None
Robert H. Osher, MD	B&L, BVI, CS:TILII, MST, Omeros Zeiss - Consultant; VJCRGS - Owner
Kenneth J. Rosenthal, MD	Alcon, AMO & Ophtec - Consultant, Research Funds, Travel, Advisory Panel; Bausch & Lomb - Advisory Board, Consultant; Carl Zeiss - Speaker's Bureau, Travel Expenses
Sunil K. Srivastava, MD	Clearside, Eyepoint, Gilead, Optos, Zeiss - Consultant; Bausch & Lomb, Allergan, Regeneron, Santen - Consultant & Research Grants

Financial disclosure forms available upon request.

Outcome Measurements

Name:

1. Has this symposium changed the way you will care for patients? Yes No
 2. Do you believe this symposium will have a positive effect on patient surgical or clinical outcomes?
 Yes No
 3. Can you offer other speakers or talks that will provide information to improve clinical outcomes at the next meeting? Yes No
-

Pre-Competency Questions

Multimodal Imaging of the Five Most Common Choroidal Tumors – Paul T. Finger, M.D.

Question 1. Which 3 characteristics, when seen together, differentiate between a choroidal nevus and a melanoma?

Question 2. What is the best way to visualize exudative sub-retinal fluid? _____

Co-management Risk Management Lessons Learned – Bradley Fouraker, M.D.

Question 1. Is patient consent required to comanage?

- Yes No

Question 2. Communication is the TOP contributing factor of medical errors. Is it true or false that 50% of communication errors occur during the hand-off process?

- True False

Posterior Segment Trauma and Surgery with Case Study – Ronald C. Gentile, M.D.

Question 1. All of the following are considered closed globe injuries except for?

- a. Choroidal Rupture
- b. IOFB
- c. Commotio Retinae
- d. Macular Hole

Question 2. Ruptured Globe has a better prognosis then Globe Penetration?

- True False

The Combined Tractional-Hydration Theory of Idiopathic Macular Holes – Ronald C. Gentile, M.D.

Question 1. All of the following are consistent with the Combined Tractional-Hydration Theory of Idiopathic Macular Holes except for?

- a. Phase 1 includes vitreous traction.
- b. Phase 1 can cause a break in the ELM.
- c. Phase 2 causes the macular hole to enlarge
- d. The pivotal event includes ERM formation.

Question 2. Cystoid Dehydration occurs before reabsorption of SRF.

- True False

Essential Techniques for Rescuing Complications During Cataract Surgery – Robert H. Osher, M.D.

Question 1. If a posterior capsule tear is noticed when the IOL is already in the capsular bag, an excellent strategy would be:

- Anterior Chamber IOL
- Exchange for a 3-piece IOL
- Reverse optic capture
- Explant the IOL and return at a later date

Question 2. When the nucleus is dropping into the vitreous cavity during phacoemulsification, the best approach is:

- make a pars plana stab and use a blunt cannula to help lift it up
- use the phaco probe on high vacuum setting in order to fish for the nucleus
- allow the nucleus slowly absorb into the vitreous using steroids to quell the long term inflammation over many months
- let the nucleus drop, clean up the anterior segment, place the IOL, suture the wound, and refer the patient to a retinal specialist for pars plana vitrectomy and lensectomy

Suture Fixation of the Single Piece Acrylate IOL in the Absence of Zonular Support – a Contrarian Point of View – Kenneth J. Rosenthal, M.D.

Question 1. Under what circumstances is it reasonable to consider secondary fixation of a one piece acrylic IOL in the absence of capsular support?

- a. one piece acrylic IOLs can be placed in the sulcus with out support if there is residual capsule
- b. sutured or scleral fixation of the one piece IOL can be attained as long as there is a space between the IOL and the posterior iris
- c. one piece IOLs are FDA approved for placement in the capsular bag
- d. both b and c.

Techniques for Iris Repair and Rehabilitation

– Kenneth J. Rosenthal, M.D.

Question 1. Iris defects may cause which of the following symptoms:

- a. extreme photophobia even in normal indoor lighting
- b. decreased visual quality
- c. cosmetically unacceptable appearance
- d. glare, starbursts
- e. a,b,c, and d.

Surgery in the Uveitis Patient - How to Manage Pre-op and Post-op Inflammation – Sunil K. Srivastava, M.D.

Question 1. Chronic immune suppression should be considered in all of the following scenarios except:

- a. Unable to taper a uveitis patient below 10 mg prednisone within 3 months
- b. Diagnosis of severe chronic uveitis such as Vogt-Koyangi-harada's disease or Birdshot choroidopathy
- c. Repeated severe bouts of inflammation – 3 within 6 months

d. Chronic episcleral injection without pain or vision loss

Question 2. When performing surgery in the uveitis patient:

- a. The presence of a cataract in a young person with JIA excludes them from an IOL
- b. The presence of a chronic vitritis warrants a pars plana vitrectomy
- c. The presence of 2+ inflammation 1 week prior to cataract surgery should warrant a delay in surgery
- d. The presence of posterior synechiae should caution against use of iris hooks or an iris ring.

Email address for CME

Please print



Administrators' Program

8:00 Registration and Continental Breakfast - Vendor Expo

8:30 The Nuts and Bolts of Running a Medical Practice

— Yossi Faber

- **Dealing with the collection of high deductibles**
- **HIPAA No No's**
- **Terminating a high risk patient**
- **ROC Audits - What EHR need to be sent and what's at risk**
- **Random CERT (Comprehensive Error Rates Testing) Audits**
- **Final CMS changes heading into 2020**
- **25 Modifier Updates**

Objectives: Medical practices have a host of issues to deal with. This talk will address: 1. High deductibles and how to manage cash flow, patient communications and insurers. 2. Examine two types of audits, ROC and CERT, and how to respond to each. 3. HIPAA - to examine recent developments and focus on how to avoid fines. 4. Terminating a difficult patient can be taxing on a practice, this talk will simplify the process. 5. Detail changes in Coding for 2019.

9:45 Coffee Break - Refreshments in Vendor Hall

10:15 Medical Records: Retention, Destruction & Liability in the Digital Age

— Layne Gakos, JD Connecticut State Medical Society

Objectives: 1. Identify what medical records should be retained and what should be destroyed. 2. Understand state

Administrators' Program

and federal laws on retention, destruction and copying of medical records. 3. Reduce your risk of liability surrounding medical record retention and destruction. 4. Identify the complexities of medical record retention and destruction in the era of electronic health technology.

10:45 **Strategies Employers Should Consider As They Market Their Employee Benefit Package Among Insurance Carrier**

– Jay Festa, Certified Insurance Consultant, CPM Insurance Services, Inc.

Objectives: To effectively negotiate your business insurance benefit needs to Insurers . How to present these needs and how to insure these needs are included in Benefit packages.

11:15 **From Stranger to Consultation - Understanding the Patient's Journey Through Coding**

– Paul Harris, Business Development Manager, Glacial Multimedia Inc.

Objectives: Almost 70% of a new patient's "buying journey" happens well before they schedule the first consultation. Many factors will influence whether or not that person will end up in your chair. In this brief presentation, we sit in the digital seat of a new patient & explore the journey they take from the awareness, consideration & decision stages before they schedule the first appointment. Then we will loop back & show why some practices win the new digital battleground for leads & others don't. Review of critical Coding changes in 2019.

11:45 **Lunch - Guest Author, Dani Shapiro** Author of 10 novels including *Hourglass*, *Still Writing* and her 2019 release *Inheritance*

Administrators' Program

12:45 **Evolution of Health Information Technology, Opportunities and Challenges**

– Matt Katz , Executive VP & CEO Connecticut State Medical Society (CSMS)

Objectives: 1. What are the challenges and barriers facing physicians tied to evolution of HIT? 2. What are the opportunities for physician practices tied to the transformation of HIT? 3. How to protect patient data but also effectively use it for care delivery and quality and cost reporting?

2:15 **External Appeals - How to File with the Connecticut Insurance Commissioner's Office**

– Kathy Walsh, Principal Examiner, Department of Consumer Affairs, Department of Insurance

Objectives: To review the mechanism with the CT Insurance Commissioner's Office to file an external appeal when you have been denied a claim with an insurer.

2:45 **Stretch your Legs - Grab some Java, Tea, Pastries and Visit with Industry Friends - Vendor Hall**

3:05 **National Government Services (NGS) Updates**

– Andrea Freibauer

3:25 **Ransomware, HIPAA & How to Protect Your Practice**

– Wes Strickling, CEO CodeIT

Objectives: 1. Explain what Ransomware is and how it can affect your practice. 2. Explain HIPAA compliance requirements as they relate to Technology. 3. Go over a practical checklist for Practice Administrators on how to protect your practice and what to look for with regard to your practice's Coding tendencies.

Administrators' Program

3:45 **Choosing the Right EMR System for Your Practice**

– Gus Savloff, VP of Sales and Business Development, EyeMD EMR Healthcare Systems, Inc.

Objectives: 1. To evaluate the essential components needed in an EMR System for your practice 2. Is your EMR working for you or are you working for it.

4:30 **CME Certificates & Door Prizes**

This program has been applied for AAPC guidelines for 6.0 Core A continuing education units.

Index # will be provided at the end of the meeting.

The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6.0 AMA PRA Category I Credit(s)[™].





Guest Author - Dani Shapiro

Dani Shapiro is the best-selling author of four memoirs, *Hourglass*, *Still Writing*, *Devotion*, and *Slow Motion*, and five novels including *Black & White* and *Family History*. Her books span diverse subjects from her tumultuous upbringing in an Orthodox Jewish community and the tragic death of her father to her explorations of spirituality and the nature of our deepest relationships.

Dani is a sought-after speaker whose recent essays on the lures and dangers of the Internet and social media have stirred up controversy and are now being taught in many universities—along with her book *Still Writing*, a searching meditation on the artistic process.

Her books *Devotion* and *Slow Motion* were the subject of an hour-long conversation between Dani and Oprah Winfrey, which aired on Oprah's SuperSoul Sunday in 2013. Dani's work has appeared in numerous publications including the *New Yorker*, *Salon*, *n+1*, *Tin House*, and *Elle*, and has been widely anthologized. She contributes regularly to the *New York Times Book Review* and is a contributing editor at *Condé Nast Traveler*. A portion of *Slow Motion* was broadcast on *This American Life*.

Along with teaching writing workshops around the world, Dani has taught at Columbia and New York University, and is the co-founder of the Sirenland Writers Conference in Positano, Italy.

Dani's new memoir, *Inheritance*, will be published by Knopf in January, 2019.



Technicians' Ophthalmic Program



This Course has been approved by JCAHPO for 7.25 JCAHPO Credits

If you leave early this will be the JCAHPO credit you receive:

9:00 am 1.00 hrs
10:00 am 1.75 hrs
10:30 am 2.00 hrs
11:00 am 2.50 hrs
11:30 am 3.00 hrs
12:00 pm 3.25hrs
1:00 pm 3.50 hrs

1:30 pm 4.00 hrs
2:00 pm 4.50 hrs
2:30 pm 4.75 hrs
3:00 pm 5.50 hrs
3:30 pm 5.75 hrs
4:00 pm 6.25 hrs
4:30 pm 6.75 hrs

TECHNICIANS' PROGRAM

7:45 **Registration**

8:00 **Uveitis Overview (the Paul Gaudio and Sunil show)**

– Sunil K. Srivastava, M.D & Paul Gaudio, M.D.

Objectives: 1. To discuss uveitis cases and how a history and careful exam can elicit a proper diagnosis. 2. To review the treatment algorithm of uveitis patients.

8:45 **Assessment and Treatment of Patients with Iris Defects**

– Kenneth Rosenthal, M.D.

Objectives: The attendee will be able to identify various types of iris defects, their cause, and a strategy for repair of the iris using suture techniques, and various iris prosthetic implants.

9:15 **Metastatic Disease to the Eye**

– Eithan Burstein, M.D.

Objectives: 1- What is the most common site of metastasis to the eye? 2- How does radiation affect the eye. 3- What is the doctor looking for in the eye in a patient with a known cancer diagnosis?

9:45 **Coffee Break**

10:15 **A Basic Introduction to Strabismus**

– Jill Rotruck, M.D.

Objective: 1. What causes misalignment of the eyes? 2. How is strabismus measured? 3. How is strabismus treated? 4. Misconceptions about pediatric patients.

10:45 **OCT Basics and Interpretation for Ophthalmic Technicians**

TECHNICIANS' PROGRAM

– Ronald Gentile, M.D.

Objectives: To understand both quantitative and qualitative methods for evaluating OCT images and be able to correlate visual function with OCT images.

11:15 Diabetic Retinopathy

– Angela Bosjolie, M.D.

Objectives: To describe diabetic retinopathy and outline treatment protocols and objectives.

11:45 **Lunch - Guest Author, Dani Shapiro** Author of 10 novels including *Hourglass*, *Still Writing* and her 2019 release *Inheritance*

12:45 Laser Assisted Cataract Surgery: What you Need to Know

– Alex Voldman, M.D.

*Objectives: 1. Discuss the evolution of cataract surgery.
2. Discuss the basics of lasers in refractive surgery.
3. Discussed benefits/risks/alternatives to laser assisted cataract surgery.*

1:00 Overview of Glaucoma Procedures

– Alex Nguyen, M.D.

*Objectives: 1. Partition the available glaucoma procedures into different categories: laser-based and incisional surgery.
2. Distinguish minimally invasive glaucoma procedures from major glaucoma surgeries. 3. Pearls for efficient history-taking in glaucoma surgical patients.*

1:30 Complications Management

– Robert Osher, M.D.

Objectives: To review common complications associated with cataract surgery and the post-operative care needed with the complications.

TECHNICIANS' PROGRAM

2:15 **Assessment and Treatment of Patients Using EDOF Technologies**

– Kenneth Rosenthal, M.D.

Objectives: The attendee will be able to identify suitable candidates for EDOF IOLs and be able to counsel those patients as to the advantages, disadvantages and limitations of the technology.

3:00 **Coffee Break - Vendor Exhibit Hall**

3:15 **Dry Eyes Update**

– Lyndon Lee, M.D.

*Objectives: 1. What is dry eyes; why does this occur?
2. Describe the tear film 3. What are the symptoms of dry eyes
4. Diagnosis of dry eyes 5. Treatment of dry eyes.*

3:45 **Seven Steps to Patient Satisfaction**

– Ronald Gentile, M.D.

Objectives: To be able to improve patient satisfaction using 7 easy to remember steps.

4:10 **Steroids**

– Sunil K. Srivastava, M.D & Paul Gaudio, M.D.

Objectives: 1. To identify the diligent practices and the use of cortical steroids to control eye disease. 2. To understand and identify the most common cortical steroid side effects.

4:40 **Post Competency Test Review**

5:00 **Certificates and Door Prizes**

This course has been approved for 7.25 JCAHPO CE Credits

TECHNICIANS' PROGRAM

Please Note:

CSEP DOES NOT maintain records. You must collect your Certificate at the end of the meeting.

Requests for duplicate or previous certificates will be a \$12.00 charge.

You must submit a form to request a copy of prior meetings you have attended (up to 3 years) or for a duplicate certificate of current meeting.



To receive JCAHPO credits both Pre and Post Competency tests must be turned in.

JCAHPO Pre Competency Questions

Name _____

Email _____

OCT Basics and Interpretation for Ophthalmic Technicians – *Ronald Gentile, M.D.*

Question 1. All of the following are true about OCT images except for?

- a. OCT uses light waves
- b. Exudates are hyper-reflective on OCT
- c. Edema is hypo-reflective on OCT
- d. Vitreous is not imaged by OCT

Question 2. OCT images can sometimes predict vision and visual field.

- True False

Seven Steps to Patient Satisfaction

– *Ron Gentile, M.D.*

Question 1. All of the following are true about patient satisfaction except for:

- a. Patients want their physician to share feelings with them.
- b. Patients want to be acknowledged.
- c. Cultural Intelligence is an important part of patient satisfaction.

- d. Body language plays only a small role in patient satisfaction.

Question 2. Patient satisfaction is minimally important in patient care.

True False

Dry Eyes Update – *Lyndon Lee, M.D.*

Question 1. What are the three components of the tear film?

Question 2. What is the most important way to diagnose a patient with dysfunctional tear syndrome? _____

A Basic Introduction to Strabismus

– *Jill Rotruck, M.D.*

Question 1. What is the difference between a tropia and a phoria? A tropia describes a deviation of eye alignment that is manifest, meaning that the deviation of the eyes is present when both eyes are open and uncovered. A phoria describes a deviation that is seen only when binocular viewing is disrupted, such as with alternate cover testing.

Question 2. What causes an eye misalignment that is different in different positions of gaze (an incomitant strabismus)? An incomitant strabismus usually has a neurologic or restrictive cause. Neurologic causes include a nerve palsy and myasthe-

nia gravis. Restrictive causes include orbital pathology, trauma, and scarring.

Complications Management – *Robert Osher, M.D.*

Question 1. The patient with axial myopia is at a higher risk for developing:

- a. Diabetic retinopathy
- b. Endophthalmitis
- c. Retinal detachment
- d. Macular edema

Question 2. The patient with astigmatism needs to:

- a. Be educated on what astigmatism means
- b. Understand the effect on vision after surgery
- c. Be informed of the options for correcting astigmatism
- d. All of the above.

Uveitis Overview – *Sunil K. Srivastava, M.D.*

Question 1: When working up a patient for uveitis

- a. Discussion of sexual history, social history and recent illness should be performed
- b. Extensive lab testing should be performed immediately
- c. Treatment of inflammation should be delayed until all questions of the work up has been performed
- d. All of the above

Question 2. A 25 year old patient comes to see Dr. Paul Gaudio in consultation for acute anterior uveitis in one eye. Which of the following symptoms is most likely associated with a systemic disease that can cause uveitis?

- a. History of recurrent lower back pain and stiffness in the morning
- b. Chronic headaches especially in the morning
- c. History of lupus in the family
- d. The fact that they are seeing Paul Gaudio is the most concerning sign

Assessment and Treatment of Patients with Iris Defects – *Kenneth Rosenthal, M.D.*

Question 1. Iris defects may cause which of the following symptoms:

- a. extreme photophobia even in normal indoor lighting
- b. decreased visual quality
- c. cosmetically unacceptable appearance
- d. glare, starbursts
- e. a,b,c, and d.

Assessment and Treatment of Patients Using EDOF Technologies – *Kenneth Rosenthal, M.D.*

Question 1. In preparing a patient for cataract surgery with EDOF technology you should:


- a. explain that the patient will have an extended range of focus compared with standard IOLs but that near vision may sometimes require spectacles
- b. perform careful biometry
- c. ask the patient to chose whether or not they want to have some near vision without spectacles.
- d. guarantee that the patient will never need glasses again
- e. tell the patient that they must have femtosecond laser surgery along with their EDOF implant.
- f. a,b and c.

*Best Wishes
from your friends at*

REGENERON



EYLEA[®]
(aflibercept) Injection
For Intravitreal Injection



CSEP
Next Annual Scientific Program

Friday, June 14, 2019

Mark Kupersmith, M.D.

Neuro Ophthalmology

Michael Patterson, M.D.

Glaucoma, Cataract

Chris Reimann, M.D.

AMD, Vitreoretinal Surgery

Carol Shields, M.D.

Oncology

David Walton, M.D.

Pediatric Ophthalmology

Visit our website

www.connecticutsocietyofeyephysicians.com



Visit Genentech at Sponsored Coffee Station

