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THE CONNECTICUT SOCIETY OF EYE PHYSICIANS
ANNUAL SCIENTIFIC EDUCATION PROGRAM

in Conjunction with

NEW YORK STATE OPHTHALMOLOGICAL SOCIETY

Physicians - Management - Technicians

January 11, 2013
The Aqua Turf Club
556 Mulberry Street, Plantsville, Connecticut



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PHYSICIANS PROGRAM

7:30 Registration and Continental Breakfast
– Vendor Expo

8:00 Business Meeting - Legislative Priorities
– Ed Lim, President

8:30 **Pars Plana Vitrectomy for the Anterior Segment Surgeon**

– Michael Snyder, M.D.

Objectives: 1) to understand the difference in fluidics in pars plana versus kimball vitrectomy. 2) to incorporate the principles of single port pars plana approach vitrectomy into the surgeon's armamentarium for managing vitreous. 3) to understand the benefits of a cannula and grocer system for vitrectomy.

9:10 **Idiopathic Intracranial Hypertension**

– Michael Wall, M.D.

Objectives: 1) Understand the relationships between IIH, gender and obesity. 2) Know the symptoms most specific for IIH. 3) Understand the patterns of visual loss and the patterns of progression. 4) Review the current status of therapies and the Idiopathic Intracranial Hypertension Treatment Trial.

9:50 Coffee Break in Vendor Hall

PHYSICIANS PROGRAM

10:10 **Advances in Automated Perimetry**

– Michael Wall, M.D.

Objectives: 1) What types of perimetry are currently in use. 2) What is the impact of variability on perimetry. 3) How does stimulus size impact perimetric variability. 4) What are the new trends in perimetry.

10:50 **Updated and Interesting Cases in Management of Uveitis**

– Sunil Srivastava, M.D.

Objective: To update the attendee on the new treatment plans for uveitis.

11:30 **Managing Cataract and Glaucoma – Approach to Decision-Making**

– Cynthia Mattox, M.D.

Objectives: To learn various strategies for approaching the patient with co-existing cataract and glaucoma, based on the severity and current control of their glaucoma.

PHYSICIANS PROGRAM

- 12:00 **Cataracts with Loose, Reduced, or Nearly Absent Zonules**
– Michael Snyder, M.D.
Objectives: 1) understand the different techniques of capsulorhexis for loose zonule cases. 2) be familiar with the devices available to augment support both during (short term) and after (long term) in loose lens cases.
- 12:30 **Lunch** - Guest Speaker, Rich Molden, CPBA
– “Life Lessons from Bugs, Biscuits and Pump Handles”
- 1:30 **Dynamic Times: The Healthcare Industry 2013**
– Ruth Williams, M.D.
Objectives: Understand the changes the Affordable Healthcare Act will bring in 2013-2014.

PHYSICIANS PROGRAM

2:00

Medicare and Payer Quality Programs: How to Position Your Practice Now and for the Future

– Cynthia Mattox, M.D.

Objectives: 1) Discuss the clinical features and differential diagnosis of optic neuritis. 2) Discuss the role of OCT and low contrast acuity testing in neuro-protection. 3) Understand the importance of visual outcome measures in recent clinical trials.

2:30 Coffee Break in Vendor Hall Expo

2:50 **The Five Phaco Forces**

– Paul Koch, M.D.

Objectives: It's been a long time since we've had a primer on what goes on inside the eye during phaco-emulsification. Understanding the five complementary and oppositional forces in the eye allows the surgeon to harness and balance each, improving the safety and efficiency of the operation. Here I describe and review the five critical phaco forces, demonstrate how they affect surgery, and show how using them can make surgery easier.

PHYSICIANS PROGRAM

3:20 **Ten things I do in the operating room that you probably don't, but I think you should** – Paul Koch, M.D.

Objectives: Every surgical facility has traditions, protocols and clever ideas that make the day easier and safer for the patient and staff. Here I present some of my favorites to stimulate an open exchange of things that others do in their operating rooms that I probably don't, but you think I should.

3:50 **Lessons Learned from Malpractice Claims** – Paul Weber, J.D. & Trexler Topping, M.D.

Objectives: To describe most common allegations in malpractice claims against ophthalmologists. To describe two risk management practices you can employ to minimize risk of malpractice claims.

5:00 CME Certificates and Door Prizes

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.

SPEAKERS



BENSON BOBRICK

Benson Bobrick earned his doctorate from Columbia University and is the author of several critically acclaimed works, including *Wide as the Waters: The Story of the English Bible and the Revolution It Inspired* and *Angel in the Whirlwind: The Triumph of the American Revolution*. In 2002 he received the Literature Award of the American Academy and Institute of Arts and Letters. He and his wife Hilary live in Vermont.



H. KENNEDY HUDNER, J.D.

Mr. Hudner is the Chair of the Business and Personal Services Department at Murtha Cullina, and has been a member of the firm's Health Care Practice Group for over 15 years. He provides legal advice to hospital and physician clients in the areas of Medicare billing assignment issues, Fraud and Abuse (Stark II anti-referral and anti-kickback), and HIPAA medical records privacy compliance matters. He also represents hospitals and physicians with regard to managed care contracting issues and payment disputes, and in Certificate of Need applications before the Office of Health Care Access. He has extensive experience in the analysis, negotiating and drafting of a wide variety of health care-related contracts. These include documents

SPEAKERS

required for physician hospital organizations, independent practice associations, management service organizations, medical staff bylaw documents, radiology service agreements, laboratory service agreements, and physician provider agreements, both with IPAs and with payors (fixed fee, risk sharing and capitated). Mr. Hudner also represents physicians and hospitals in their dealings with regulatory agencies such as the Department of Public Health, the Department of Justice, Office of Inspector General and the Nuclear Regulatory Commission. His health care litigation experience includes representation of hospitals in proceedings before the Office of Health Care Access, medical staff credentialing disputes and health care-related antitrust litigation.

Mr. Hudner is Special Health Care Counsel to the Connecticut Medical Insurance Company. He has lectured on Stark II, Fraud and Abuse, HIPAA privacy and Medicare compliance issues, as well as antitrust, contract and physician integration issues to the Stamford Medical Society, Danbury Medical Society, Fairfield County Medical Association, Connecticut Ophthalmology Managers Association, Connecticut Medical Group Managers Association, the Connecticut Society of Eye Physicians, the Hartford and New Haven County Medical Associations, the Connecticut Society of Dermatologists and the Massachusetts Bar Association.

SPEAKERS



PAUL S. KOCH, M.D. Cataract and Lens Implant Surgery, Refractive Surgery
Dr. Koch is a Founder and the Medical Director of Koch Eye Associates. His specialty is Cataract, Lens Implantation, and Refractive Surgery.

WENDY KROLL, J.D.

Wendy Kroll's practice focuses on health care law including claims submission and payment issues for managed care, Medicare and Medicaid. She counsels health care providers and corporations on managed care contracting, reimbursement, government audits, false claims, Medicare and Medicaid regulations, fraud and abuse, HIPAA, and other health care matters. Ms. Kroll was in-house counsel for a fortune 100 health care corporation overseeing claims submission and adjudication, government audits, Corporate Integrity Agreement compliance and provider contracting. Prior to law school, she held the position of President and Executive Director for managed care organizations.

Ms. Kroll received an award for Excellence in Clinical Work for a one year internship with the Office of the CT Attorney General's Health Care Fraud, Insurance Advocacy and Whistleblower Unit. She has written papers on and testified

SPEAKERS

before the CT Public Health Committee on the state action immunity doctrine allowing physicians to collectively negotiate managed care agreements and downstream risk arrangements in managed care contracting.

Ms. Kroll is admitted to practice law in New York. She received her J.D. and a Health Law Certificate from Quinnipiac University School of Law. She is a member of the American Health Lawyers Association, New York Bar Association and participates on the American Bar Association's Breast Cancer Legal Advocacy Workshop Committee. Ms. Kroll provides pro bono legal services for patients denied medical benefits for breast cancer treatment and for the Susan B. Anthony Project.



CYNTHIA MATTOX, M.D.

Dr. Mattox is an Associate Professor and Vice-Chair of the Department of Ophthalmology at Tufts University School of Medicine, where she is the Director of the Glaucoma and Cataract Service at the New England Eye Center in Boston, MA.

SPEAKERS

ARNOLD MENCHEL, J.D.

Arnold Menchel is the Chair of Halloran & Sage's Health Care Department and advises providers on reimbursement, audit, regulatory compliance, HIPAA, and all administrative law matters, among the numerous issues that affect providers.

Mr. Menchel joined Halloran & Sage following many years as an Assistant Attorney General and the head of the Connecticut Attorney General's Health Care Fraud/Whistleblower/Health Care Advocacy Department. In that capacity, Mr. Menchel advised the State of Connecticut and its various agencies on a wide range of state and federal health care reimbursement issues. Mr. Menchel's experience at the Attorney General's office included defending the State as lead counsel in a challenge by the Connecticut Hospital Association and its member hospitals to the Medicaid rate-setting methodology; Long Term Care rate setting matters; reimbursement and fraud enforcement matters involving institutional and community based providers including hospitals, long term care facilities, physicians, pharmacists, durable medical equipment providers and dentists, among many others. In the HIPAA context, Mr. Menchel supervised the first HIPAA enforcement case in the country brought by a State Attorney General. He also supervised the first case brought under the Connecticut False Claims Act.

SPEAKERS



RICH MOLDEN, CPBA

Rich is an expert at diagnosing the real factors that differentiate exceptional from poor performance and the administration and interpretation of psychometric assessment tools to arrive at these conclusions. His enthusiastic and imaginative approach to teaching and business, as well as his passion for people makes him a sought after speaker in the areas of success psychology, client connection and employee development and selection.



STEPHEN PEDNEAULT

Stephen Pedneault is the principal of Forensic Accounting Services, LLC of Glastonbury, CT. His firm specializes only in forensic accounting, fraud, and litigation support matters. Steve has been in the field for 24 years and has authored four books, and numerous articles on fraud prevention, embezzlement, fraud, and forensic accounting. He has also spoken over 200 times locally and nationally, and works as an adjunct professor at the University of Connecticut in the Master's of Science in Accounting program.

SPEAKERS



MICHAEL E. SNYDER, M.D.

Dr. Snyder specializes in diseases and surgery of the front of the eye, including small-incision, topical anesthesia cataract surgery. His special interests include traumatic cataract surgery, iris repair, corneal transplantation, and refractive surgery.



SUNIL K. SRIVASTAVA, M.D.

Dr. Srivastava did his Fellowship at Duke University Medical Center Vitreo-retinal Surgery Durham, NC and in 2005 completed another fellowship at the National Institutes of Health Uveitis/Medical Retina Bethesda, MD. Dr. Srivastava is currently a staff physician at the Cole Eye Institute Cleveland Clinic, in Cleveland, OH.

SPEAKERS



TREXLER M TOPPING, M.D.

Dr. Topping has been a Committee member of OMIC since 2008 and a member of the Board of OMIC since 2011. He is a retina specialist in Boston, and is president and medical director of Ophthalmic Consultants of Boston. He has a long-standing interest in health policy and has worked

in that regard at the American Academy of Ophthalmology for the last twenty years or so in various committee functions, and is currently Associate Secretary of Health Policy for the AAO. He has had extensive interest in clinical research and has been an active participant in a number of NIH Studies including the Early treatment Diabetic Retinopathy Study, Diabetic Retinopathy Vitrectomy Study, EVS, SCORE, AREDS, DRCR, and CATT.



MICHAEL WALL, M.D.

Dr. Wall is a professor of Neurology and Ophthalmology at the University of Iowa. His undergraduate and medical school education was at Tulane University; his neurology residency at Washington University in St. Louis and fellowship at Massachusetts Eye and Ear infirmary. As a neuro-ophthalmologist

he is involved in patient care, teaching and research.

SPEAKERS



PAUL WEBER, J.D.

Paul is a lawyer/risk manager and currently serves as Ophthalmic Mutual Insurance Company's (OMIC) Vice President Risk Management/Legal. OMIC is the sponsored professional liability carrier of the American Academy of Ophthalmology and provides medical professional liability insurance to over 4,400 ophthalmologists. Mr. Weber guides the development of risk management and loss prevention services and is also responsible for planning and directing the overall development of the legal and regulatory functions of OMIC.



RUTH D. WILLIAMS, M.D.

Dr. Williams is Immediate Past President of the American Academy of Ophthalmology. She served a term as the Secretary for Member Services and a term as trustee-at-large on the Academy's Board of Trustees. She led the Academy's programs for Young Ophthalmologists and Senior Ophthalmologists.

**Connecticut Society of Eye Physicians
Financial Interest Disclosure Report 1-11-13**

<i>Speaker</i>	<i>Financial Interest Received</i>
Paul S. Koch, M.D.	None
Cynthia Mattox, M.D.	TBA
Michael E. Snyder, M.D.	TBA
Sunil K. Srivastava, M.D.	TBA
Trexler M. Topping, M.D.	TBA
Michael Wall, M.D.	TBA
Paul Weber, J.D.	None
Ruth D. Williams, M.D.	TBA

MANAGEMENT PROGRAM

8:00

Registration and Breakfast with the Vendors

8:30 - 9:30

Round Table Discussions on Billing Issues

Moderators – Linda Bennett, Fiona Lange and
Wendy Kroll, J.D.

Objectives: To discuss insurance billing issues in an open forum –
highlighting recent policy changes.

9:30 - 10:30

Forensic Accounting – How to Improve Your Office Accounting Practices

Stephen Pedneault

Objectives: To examine some accounting practices that better
capture and identify revenues that can be easily missed or lost.
Create checks and balances to safeguard your practice.

10:30 - 11:00

Late Morning Caffeine Break

11:00 - 11:30

HIPAA Audits: Compliance and Investigation

Arnie Menchel, J.D.

Objectives: Overview of what to expect from a HIPAA Audit and
Investigation and how to prepare.

MANAGEMENT PROGRAM

11:30 - 1:00

Electronic Healthcare Records: Risk Management Issues

Paul Weber, J.D. & Trexler Topping, M.D., OMIC

Objectives: Identify different types of EHR systems available. Identify potential liability risks related to electronic documentation. Implement risk management strategies to mitigate malpractice risks.

1:00 - 2:00

Lunch – Keynote Speaker TBA

2:00 - 3:00

Risk Management – Liability Review for OMP

Paul Weber, J.D. & Trexler Topping, M.D., OMIC

Objective: At the end of the presentation, attendees will be able to list three administrative routines and procedures that support effective communication and reduce patient misunderstandings.

3:00 - 3:30

Tea Time

MANAGEMENT PROGRAM

3:30 - 4:00

How Affordable is the Affordable Care Act?

Wendy Kroll, J.D., Halloran & Sage, LLC,
Attorneys at Law

Objectives: Affordable Health Care's new requirements and how they will affect the healthcare provider and employer.

4:00 - 4:30

Will I be Required to Accept Medicaid Patients Under New Healthcare Reform Act?

Kennedy Hudner, J.D., Partner, Murtha Cullina, LLC,
Attorneys at Law

Objectives: To review the current Connecticut Medicaid Provider Contract and highlights obligations of the healthcare provider.

4:30

Certificates and Door Prizes

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TECHNICIANS PROGRAM

8:00 Registration/Continental Breakfast/Vision Expo

Macular Degeneration- Types and Treatments

8:30 Introductions & Case Presentations

8:40 Jamie Weisz, M.D.

9:00 Ron Adelman, M.D.

9:20 Flora Levin, M.D.

9:40 Questions and Answers

9:50 Coffee, Tea and Healthy Start Break

Glaucoma/Affordable Healthcare Act

10:10 Introductions

10:15 Ruth Williams, M.D. – Dynamic Times; the
Healthcare Industry 2013

10:35 Cynthia Maddox, M.D. – Glaucoma Meds:
Helping Patients Manage their Meds.

10:55 Questions and Answers

Neuro-Ophthalmology

11:05 Introductions & Case Presentations

11:10 Bob Lesser, M.D.

11:40 Michael Wall, M.D.

TECHNICIANS PROGRAM

- 12:10 Alice Kim, M.D.
12:30 Panel Discussions with Questions and Answers
12:40 **Lunch and time with Vendors**

Uveitis- What's new in the Treatment of.

- 1:30 Introductions and Case Presentations
1:35 Sunil Srivastava, M.D.
2:05 Paul Gaudio, M.D.
2:35 Panel Discussion with Questions and Answers
2:45 Coffee and Dessert Break

Anterior Segment and the Cornea

- 3:25 Introductions
3:30 Michael Snyder, M.D. – Traumatic Cataract Surgery, Iris Repair and Cornea Transplants
4:00 Paul Koch, M.D. – Refractive Surgery Update and What's Ahead
4:30 Panel Discussions with Questions and Answers
5:00 Certificates and Door-prizes

*This course has been submitted to JCAHPO for
6.5 JCAHPO Credits.*

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Important Safety Information

RESTASIS® is contraindicated in patients with active ocular infections and has not been studied in patients with a history of

herpes keratitis. The most common adverse event was ocular burning (upon instillation)—17%.

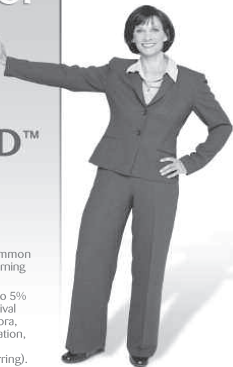
Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Please see Brief Summary of the Prescribing Information on the adjacent page.

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WARNING

RESTASIS[®] ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS

General: For ophthalmic use only.

Information for Patients:

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS[®] should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS[®] ophthalmic emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS[®] BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic effects:

Pregnancy category C.

Teratogenic effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS[®] BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS[®] BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS[®] in pregnant women. RESTASIS[®] should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS[®] ophthalmic emulsion, caution should be exercised when RESTASIS[®] is administered to a nursing woman.

Pediatric Use:

The safety and efficacy of RESTASIS[®] ophthalmic emulsion has not been established in pediatric patients below the age of 16.

Geriatric Use:

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS[®] was ocular burning (17%).

Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

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References: 1. Data on file, Allergan, Inc. 2. Sall K, Stevenson GD, Mundorf TK, Reis BL, and the CA3 Phase 3 Study Group. Two multicenter, randomized studies of the efficacy and safety of cyclosporine ophthalmic emulsion in moderate to severe dry eye disease. *Ophthalmology*. 2000; 107(4):631-639.

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*