



CSEP
Physicians
Administrators
Technicians

Annual Scientific Program
The Future of Vision

June
8
2018

Aqua Turf Club
556 Mulberry Street
Plantsville, CT



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 1-12-18

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***David W. Parke, MD Lecture**

The Connecticut Society of Eye Physicians is proud to announce our first named lecture after CSEP past president, AAO Humanitarian Award recipient, and CSMS Paul K. Maloney, Jr., Distinguished Service Award recipient, David W. Parke, MD. The recipient of the David W. Parke

Lecture is recognized as an individual who embodies the qualities that distinguish the professional character and life service of David W. Parke, MD.

Dr. Parke exemplifies the highest standard of patient care, teaching, community service and professional achievement in the specialty of Ophthalmology. With a professional and non-professional career hall-marked by numerous accomplishments, David W. Parke, MD exemplifies the physician as humanitarian. We are deeply indebted to him for his lifelong journey of excellence, a journey that has benefited and continues to benefit thousands of patients, students of medicine, colleagues and the profession of Ophthalmology, and that will serve as a gold standard for future generations to come.

It is with great pleasure that the fourth named lecture recipient will be George A. Williams, M.D. and will be delivered at this annual program.

2018 David W. Parke, M.D. Lecture *Recipient - George A. Williams, M.D.*



“George Williams represents an exceptionally rare breed in hitting from virtually every angle around our professional plate. He is both a private practitioner and an academician; he spans the gamut from productive clinician to clinician-scientist to translational investigator; he engages in battles from scope of practice to the nuances of federal physician payment policy; and he provides leadership from his hospital to the American Academy of Ophthalmology. Throughout, he’s always had the friendship and the respect of his peers while never sugar-coating his view of reality—even unpleasant reality.

It is critical that ophthalmology have in its quiver of arrows someone who can represent us with clarity and authority in the complex warren of federal rule-making—someone who can speak to a bureaucrat about arcane consequences of impending regulations and who can speak to Congressional committees about the human consequences of proposed legislation. And to always do it from the perspective of an ‘ophthalmologist in the trenches’. George is that arrow. He does this not for ego or for personal gain, but out of a sense of duty to his community and his profession.

George knows my father, and my father has the utmost respect for George. George and I were fellows together in Milwaukee in the early 1980’s. Despite being an uninspired fly fisherman, George possesses the other important attributes in a close friend—a love of whiskey, family, intense conversation, antique maps, baseball, and rock and roll.

The Academy is extraordinarily fortunate to have him as its next President, and I am honored and touched that he is giving the lecture that carries my father’s name.”

David W. Parke II, MD

Physicians' Program

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

8:15 **IOL Calcs Past, Present, and Future**

– Uday Devgan, M.D.

Objectives: 1. Describe the evolution of IOL calculations. 2. Explain which formulas work best for different types of eyes. 3. Understand the generations of formulas and how they differ. 5. Understand the future of IOL calcs and how to best help your patients.

8:45 **Optimizing the Ocular Surface for Cataract and Refractive Surgery**

– Helen Wu, M.D.

*Objectives: 1. The participant should be able to diagnose ocular surface disorders which may affect clinical outcomes in cataract and refractive surgery
2. Preoperative and postoperative clinical management of ocular surface disease will be reviewed.*

9:15 **Retinal Malpractice; the 30 year OMIC Experience**

– George A. Williams, M.D.

Objectives: Review common causes of retinal malpractice claims and discuss mechanisms to minimize liability.

9:45 **Scientific Research**

Update from Yale Eye Department

– Lucian Del Priore, M.D., Ph.D.

Objectives: 1. To update the audience on the 5 year scientific research plan for Yale Ophthalmology.

Physicians' Program

2. To describe growth of faculty on research and clinical side, and outline planned changes in the residency program and fellowships.

10:00 **Coffee Break - Refreshments in Vendor Hall**

10:20 **Zonular Deficiency in Cataract Surgery**

– Steven G. Safran, M.D.

Objectives: To quantify Zonular weakness based on lens movement and to examine the classification system. To present complications and treatment.

10:50 **What We Have Learned From Clinical Trials**

– Michael Repka, M.D.

Objectives: 1. To understand the value of amblyopia therapy 2. To discuss the appropriate doses for initial therapy. 3. To describe the impact of glasses alone on amblyopia treatment outcomes.

11:10 **What's New in Glaucoma Care? Medical Therapy, IOP, and Beyond**

– James C. Tsai, M.D.

Objectives: 1. Learn about new sustained-release drug devices 2. Understand new advances in visual function technologies 3. Learn about novel glaucoma surgical devices 4. Comprehend potential advances in neuroprotection and neuroregeneration.

11:30 **InvokeDx: icVEP Technology and Its Use in Glaucoma Management**

– Eileen Choudhury Bowden, M.D.

Objectives: 1. Learn about isolated-check visual evoked potential 2. Understand the utility of new visual field technologies in current glaucoma management.

Physicians' Program

11:45 With an Artistic Vision: Perception & the Arts
– Vincent deLuise, M.D.

Objectives: 1. To explain the fundamental principles of neuro-aesthetics. 2. To illustrate the principles of neuroaesthetics with examples from art and literature. 3. To explain the various types of synesthesia.

**12:15 Lunch with Industry Friends in Wagon Room
Business Meeting**

FIBUSPAM - Medicine with a Purpose

– Elwin Schwartz, M.D.

**1:30 Preliminary Studies in Retinal Disease from
the IRIS Registry – *David Parke Lecture***

– George A. Williams, M.D.

Objectives: To demonstrate the utility of a large clinical database to evaluate treatment patterns and clinical outcomes.

**2:00 Challenging Cataract Cases – Things I've
Learned the Hard Way**

– Uday Devgan, M.D.

Objectives: To present case presentations of challenging cataract cases and examine complications with successful outcomes.

**2:30 Phakic IOLs: Where Do They Fit In Today's
Refractive Surgical Toolbox?**

– Helen Wu, M.D.

Objectives: 1. To discuss the indications for Phakic IOLs in the current refractive surgery market 2. To discuss clinical outcomes and management of complications after Phakic IOLs, including my personal experience with Phakic IOLs.

Physicians' Program

**3:00 Stretch your Legs - Grab some Java, Tea, Check out the sponsored Coffee and Tea Stations
Yale & Mount Sinai Poster Contest Awards**

3:20 Case Presentations on Iris Repair, IOL Exchange, Dysphotopsias
– Steven G. Safran, M.D.

Objectives: To present case studies on successful outcomes with regard to Iris repair and reconstruction using sutures and slip knot, IOL reposition and exchange and dysphotopsias -
1. Post cataract dysphotopsias - how to deal with patients complaints in light reflecting off IOLs.

3:50 Washington Update Objectives
– Michael Repka, M.D.

Objectives: 1. To understand physician compliance and performance changes in Medicare's Quality Payment Program for 2018. 2. To discuss targeted regulatory relief for physicians in the current political environment: administrative and legislative.

4:30 CME Certificates & Door Prizes - Vendor Hall

The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6.5 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.



VINCENT DE LUISE M.D.

Vincent de Luise M.D. F.A.C.S., is an assistant clinical professor of ophthalmology at Yale University School of Medicine and is on the adjunct faculty at Weill Cornell Medical College where he serves on the Humanities and Medicine Committee and the Music and Medicine Initiative. A phi beta

kappa graduate of Princeton University and Weill Cornell Medical College, Dr de Luise is an honor award and senior achievement award recipient of the American Academy of Ophthalmology (AAO). He co-founded the annual classical music recital at the AAO that was part of the AAO meeting from 1987 to 2007. A Harvard fellow in 2013, he has been involved in curating a curriculum of humanities pedagogy for medical schools and nursing schools.



UDAY DEVGAN, M.D.

Dr. Devgan is passionate about ophthalmology with a special interest in cataract and refractive surgery. He is in private practice at Devgan Eye Surgery in Los Angeles and a partner at Specialty Surgical Center in Beverly Hills, California. In addition, he is Chief of Ophthalmology at Olive View UCLA

Medical Center where he has personally taught ocular surgery to more than 150 UCLA ophthalmology residents over the past two decades. Dr. Devgan is a Clinical Professor at the Jules Stein Eye Institute at the UCLA School of Medicine where has won the faculty teaching award an unprecedented four times.

After graduating as Santa Monica High School valedictorian, he majored in microbiology and molecular genetics at UCLA.

He completed his MD degree with highest distinction, summa cum laude, and multiple honors from the USC Keck School of Medicine where he was an early junior year inductee into the Alpha Omega Alpha medical honor society. Dr. Devgan finished his ophthalmology residency at the Jules Stein Eye Institute at the UCLA School of Medicine where he won awards for both research and achievement. He pursued and achieved Fellowship of the American College of Surgeons (FACS) and Fellowship of the Royal College of Surgeons of Glasgow (FRCS) out of admiration and respect for his father, a retired head and neck surgeon, who was a fellow of both of these organizations.

Dr. Devgan has taught ocular surgery in more than 50 countries, writes monthly columns in multiple ophthalmic journals, is involved with consulting and lecturing services for ophthalmic organizations and industry, and performs live surgery events at major ophthalmic meetings. His charity surgeon mission trips have taken him around the globe to countries such as Tonga, Vietnam, India, and South Africa. He also does additional charity ocular surgeries every week, delivering the gift of sight to the underserved population of Los Angeles.

In his spare time, Uday enjoys trying to convince his kids to pursue ophthalmology, but as you know, teenagers don't listen to their parents.



MICHAEL REPKA, M.D.

Dr. Michael Repka received his medical degree from the Jefferson Medical College of Thomas Jefferson University and completed his ophthalmology residency at Wills Eye Hospital. Following completion of his residency training, a fellowship was spent training in pediatric ophthalmology and strabismus as well as neuro-ophthalmology at the Wilmer Ophthalmological

Institute of Johns Hopkins Hospital.

Dr. Repka is the David L. Guyton, MD and Feduniak Family Professor of Ophthalmology and a professor of pediatrics at the Johns Hopkins University School of Medicine. He has been at the Johns Hopkins University School of Medicine since 1983. He is known for his contributions in the fields of pediatric ophthalmology, strabismus, retinopathy of prematurity and pediatric neuro-ophthalmology. His clinical practice includes an interest in the management of strabismus and amblyopia. In these areas, he has a special interest in using alternatives to patching for the management of amblyopia and using strabismus surgery, botulinum toxin and adjustable sutures to treat strabismus. He performs cataract surgery and intraocular lens implantation on children with cataracts. He also has a special interest in pediatric neuro-ophthalmology involving normal and abnormal visual development and the effect of injury and tumor on the visual system of the child.

He is the past-chairman of the Pediatric Eye Disease Investigator Group. He is Medical Director of Governmental Affairs of the American Academy of Ophthalmology and President of the Maryland Society of Eye Physicians and Surgeons.



STEVEN G. SAFRAN, M.D.

After completing his fellowship in Cornea at Duke in 1992 Dr. Safran went into solo private practice in Lawrenceville, New Jersey and has been there since. He has a special interest in complex cataract surgery, IOL related complications, premium intraocular lens related issues, iris repair and cornea surgery but also does a significant amount of glaucoma surgery and oculoplastics in his practice. He has written many peer review articles as well as being a contributing cataract editor for *Eyeworld* and

writing a column on Anterior Segment Grand Rounds detailing the management of difficult cases. Dr. Safran is probably best known for his over 7000 posts on the ASCRS cataract and refractive List Serve and Keranet and instructional videos on YouTube demonstrating complex anterior segment procedures.



JAMES C. TSAI, M.D., MBA, FACS

Dr. Tsai is the President of New York Eye and Ear Infirmary of Mount Sinai, America's first and longest operating specialty hospital. He also serves as the Delafield-Rodgers Professor of Ophthalmology at the Icahn School of Medicine at Mount Sinai and System Chair of Ophthalmology for the Mount Sinai Health

System. A clinician-scientist and experienced health care administrator, Tsai also serves as Chair of the Glaucoma Subcommittee of the National Eye Health Education Program Planning Committee of the National Institutes of Health (NIH), Examiner for the American Board of Ophthalmology, Chair of the Section on Ophthalmology for The New York Academy of Medicine, and Treasurer of the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO).

A Magna Cum Laude graduate of Amherst College, Tsai earned his Medical Degree from Stanford University School of Medicine and his MBA from Vanderbilt University. He completed his residency in ophthalmology at the Doheny Eye Institute, which at the time was affiliated with the University of Southern California, Los Angeles. Tsai received his glaucoma fellowship training at the Bascom Palmer Eye Institute, University of Miami Health System, and at Moorfields Eye Hospital and the Institute of Ophthalmology in London.



GEORGE A. WILLIAMS, M.D.

Dr. Williams is Chair, Department of Ophthalmology and Director of the Beaumont Eye Institute at Beaumont Health in Royal Oak, Michigan. He is Professor and Chair of Ophthalmology at Oakland University William Beaumont School of Medicine and a partner with Associated Retinal Consultants. He

is Professor at the European School for Advanced Studies in Ophthalmology in Lugano, Switzerland. An Alpha Omega Alpha graduate of Northwestern University Feinberg School of Medicine, Dr. Williams completed his residency in ophthalmology and his fellowship in vitreoretinal surgery at the Eye Institute of the Medical College of Wisconsin where he was an associate professor until 1988.

Dr. Williams has published more than 250 articles and book chapters in the field of vitreoretinal surgery. He has participated as principal investigator or co-investigator in more than 20 clinical trials sponsored by the National Eye Institute and industry. He served on the Board of Trustees of the American Academy of Ophthalmology (AAO) from 2008 to 2012. He is a recipient of the Special Recognition Award, the Secretariat Award and the Lifetime Achievement Award of the AAO. He has delivered 26 named lectureships, including the 2013 Gertrude Pyron Lecture at the American Society of Retina Specialists (ASRS), the 2014 Yasuo Tano, MD, Lecture at the Club Jules Gonin, the 2015 Taylor Smith, MD Lecture at the Aspen Retinal Detachment Society and the 2017 B.Thomas Hutchinson, MD Lecture at the New England Ophthalmology Society. He is a recipient of the ASRS Crystal Apple Award for teaching excellence and has trained over 100 clinical and research vitreoretinal fellows. Dr. Williams is past chair of the AAO Retina Ophthalmic Technology Assessment Committee. He was Secretary for Federal

Affairs from 2014 through 2017. On January 1, 2018, he became AAO President-elect. Since 2006, he has represented the AAO at the Relative Value Update Committee (RUC) of the American Medical Association. He is past president of the ASRS and the Michigan Society of Eye Physicians and Surgeons. He is Chair of the Board of Directors of the Ophthalmic Mutual Insurance Company. He is an Associate Editor for Surgical Techniques for the journal RETINA, and serves on the editorial boards of Retinal Cases & Brief Reports and Current Opinion in Ophthalmology. Dr. Williams is a recertified Diplomate (2005, 2016) of the American Board of Ophthalmology and a member of the Retina Society, Macula Society, ASRS, Association of University Professors in Ophthalmology and Club Jules Gonin. He is an elected Fellow of the Association for Research in Vision and Ophthalmology.



HELEN WU, M.D.

Dr. Helen Wu is the Director of Refractive Surgery at New England Eye Center, affiliated with Tufts University School of Medicine, located in Boston, Massachusetts. A native of Columbus Ohio, she graduated from the University of Michigan and the Ohio State University College of Medicine. Dr. Wu originally came to Boston to the Massachusetts Eye and Ear Infirmary for fellowships in Cornea, External Disease and Ocular Immunology. Helen Wu, M.D. acts as an assistant professor of medicine at Tufts University School of Medicine and she currently sees patients at New England Eye Center in Boston, and also satellite locations in Brookline and Wellesley. She performs surgery at both New England Eye Center in Boston and the state of the art Ambulatory Surgery Center, Surgisite(SSB), located in Waltham, MA.

A pioneer in refractive surgery, Dr. Wu has been performing LASIK, PRK, ICL's and advanced lens cataract surgery at New England Eye Center since 1992. Helen Wu, M.D. is now offering cataract surgery with the Catalys™ Precision Laser System at Surgisite Surgery Center in Waltham Massachusetts. It is at Surgisite where Dr. Wu also performs the Visian ICL procedures. Dr. Wu is one of the earliest adapters for offering the Visian lens procedure to patients in the commonwealth of Massachusetts.

While Dr. Wu continues to make available to her patients advancements in vision correction procedures such as LASIK, PRK, ICLs, all laser cataract surgery with premium cataract lenses and procedures to help eliminate dependence on reading glasses, she continues to maintain a clinical practice, specializing in the care of patients with cataracts, complex problems of the cornea and ocular inflammation. In addition to these services, Dr. Wu specializes in the treatment of dry eye for pre and post refractive surgery patients and is now offering IPL(Intense Pulsed Light) Therapy for patients who may qualify for this treatment for their dry eye condition.

Dr. Wu's passion includes teaching medical students, residents and fellows through Tufts University School of Medicine and lecturing about innovations in Ophthalmology. Whether speaking to the local community about eye health or lecturing internationally to the Ophthalmology community about her excellent surgical findings, Dr. Wu is dedicated to education and patient care. Helen Wu, M.D., has served as Senior Associate Editor of the Journal of Refractive Surgery and on numerous committees for the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery. She edited the comprehensive textbook "Refractive Surgery" as this is a key area of interest to her. As a visionary in vision correction surgery, Dr. Wu has been involved since the beginning phases

of Refractive procedures, even participating in multiple clinical trials for PRK and LASIK and spending time training hundreds of physicians nationwide.

When she is not tending to her patients, Dr. Wu spends time with her husband, teenage children, and yellow Labrador retriever. If she can fit it in, a bit of ballroom dancing gets on the schedule. During her travel abroad she is able to brush up on the languages she speaks including German, Spanish and Mandarin Chinese. Studying foreign languages in her spare time allows Dr. Wu to better connect with her patients.

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- 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.connecticutsocietyofeyephysicians.com



**Connecticut Society of Eye Physicians
Financial Interest Disclosure Report June 8, 2018**

Speaker	Financial Interest Received
Eileen Choudhury Bowden, M.D.	None
Lucian Del Priore, M.D., Ph.D.	None
Vincent deLuise, M.D.	None
Uday Devgan, M.D.	LensGen, AES - <i>Stockholder, Consultant</i> ; IOLcalc - <i>Stockholder</i> Alcon - <i>Consultant, Speaker</i>
Michael Repka, M.D.	None
Steven G. Safran, M.D.	Bausch & Lomb, Cynosure/ Ellman, Johnson & Johnson - <i>Speaker</i>
Elwin Schwartz, M.D.	None
James C. Tsai, M.D.	Eyenovia, Nektar, Shire - <i>Consultant</i>
George A. Williams, M.D.	None
Helen Wu, M.D.	Allergan - <i>Consultant</i> ; Shire - <i>Speaker</i>

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

InvokeDx: icVEP Technology and Its Use in Glaucoma Management – *Eileen Choudhury Bowden, M.D.*

Question 1. Which of the following is a limitation of standard achromatic perimetry?

- a) glaucomatous structural defects may precede functional defects
- b) low test-retest variability
- c) glaucomatous functional defects often precede structural defects
- d) standard achromatic perimetry is limited to assessing structural changes

Question 2. Which neural pathway is preferentially stimulated by the stimuli of isolated-check visual evoked potential?

- a) koniocellular pathway
- b) magnocellular pathway
- c) parvocellular pathway
- d) gangliocellular pathway

IOL Calcs Past, Present, and Future – *Uday Devgan, M.D.*

Question 1. Which method of IOL calculations is not appropriate for modern day cataract surgery

- a) SRK/T
- b) Holladay 1
- c) SRK-II
- d) Holladay 2
- e) Barrett Universal
- f) Hoffer Q

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

- a) make a pars plana stab and use a blunt cannula to help lift it up
- b) use the phaco probe on high vacuum setting in order to fish for the nucleus
- c) allow the nucleus slowly absorb into the vitreous using steroids to quell the long term inflammation over many months
- d) 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

What We Have Learned From Clinical Trials

– *Michael Repka, M.D.*

Question 1. True statements about binocular activities for the treatment of amblyopia in children include all but which of the following:

- a. Require use of necessary spectacle correction
- b. Are administered with a tablet computer or virtual reality glasses
- c. Have been shown to be better than patching.
- d. Can be used for small angle strabismic amblyopia
- e. Can be used for anisometropic amblyopia

Question 2. MACRA legislation in 2015 authorized the Centers for Medicare and Medicaid services to do all but one of the following:

- a. Ignore the fee schedule cuts created by the Sustainable Growth Rate (SGR)
- b. Provided a modest 0.5% annual update to fee for service payments for 5 years
- c. Created an alternative payment model specific to ophthalmology
- d. Rewarded participants in ACOs and Medical Homes with a 5% increase in payment
- e. Allows successful participants in MIPS to have the potential for large bonuses.

Zonular Deficiency in Cataract Surgery

– *Steven G. Safran, M.D.*

Question 1. All of the following are true of pseudoexfoliation syndrome except the following:

- 1. Zonules may be weaker in pseudoexfoliation syndrome
- 2. Glaucoma is associated with this disorder
- 3. Keratopathy has been associated with this disorder.
- 4. Inflammation has been associated with this disorder
- 5. Pseudoexfoliation syndrome is felt to be due to lack of vitamin B3 in the diet of many Northern Europeans.

Question 2. When operating on patients with zonular defects the following is true:

1. Toric IOLs are contraindicated
2. Sulcus placement of the IOL is preferred over in the bag placement when there is greater than 6 clock hours of zonule loss
3. removing lens epithelial cells should be avoided because it traumatizes the capsular bag.
4. In severe diffuse zonulopathy placement of a CTR in the capsular bag will not substitute for missing zonules
5. Retinitis Pigmentosa patients have excellent zonules but are prone to lens dislocation because of frequent post operative trauma due to loss of visual field.

Case Presentations on Iris Repair, IOL Exchange, Dysphotopsias – *Steven G. Safran, M.D.*

Question 1. When performing IOL exchanges which of the following is a false statement:

1. if the current IOL power and model is known it is important to carefully refract the patient to calculate the new IOL power as accurately as possible using a formula such as Barrett Rx.
2. If there is capsular bag fibrosis one should never attempt to dissect the haptics free as it is almost always impossible
3. Iris retractors can be used to expand and stabilize the anterior capsule during lens exchange
4. A haptic remnant that is retained in the bag may migrate and cause problems in certain situations
5. When evaluating patients with dislocated IOLs it is a good idea to examine the patient in the recumbent position to determine if the IOL moves out of the surgeons view.

Question 2. All of the following is true regarding dysphotopsias except:

1. Both negative and positive dysphotopsia are associated with high refractive index lenses
2. The treatment of negative dysphotopsia includes reverse optic capture as a strategy
3. Placement of haptics of 1 piece acrylic IOLs at 3 and 9 O'clock has been clearly shown to permanently reduce long term negative dysphotopsia in clinical studies
4. Negative dysphotopsia may be caused by the gap formed between oblique light rays that pass through the edge of the lens optic and those that bypass the lens optic.
5. It is sometimes possible to reproduce some of the symptoms of dysphotopsia at the slit lamp.

What's New in Glaucoma Care? Medical Therapy, IOP, and Beyond – *James C. Tsai, M.D.*

Question 1. Variability issues with standard perimetry include all of the following EXCEPT:

- a. Reliable results provide quality of life assessments
- b. Deeper defects vary more than shallow defects
- c. Central defects vary more than peripheral defects
- d. Patients do not always test reliably

Question 2. Aqueous drainage devices are indicated in the following cases:

- a. Glaucoma cases refractory to maximum tolerated medical therapy
- b. Glaucoma cases refractory to laser trabeculecoplasty
- c. Glaucoma cases refractory to glaucoma filtering surgery
- d. All of the above

Retinal Malpractice; the 30 year OMIC Experience

– *George A. Williams, M.D.*

Question 1. The most common cause of a malpractice claim is:

1. Surgical complication with poor outcome
2. Diagnostic error
3. Inadequate informed consent
4. High risk surgery

Preliminary Studies in Retinal Disease from the IRIS Registry

– ***David Parke Lecture*** – *George A. Williams, M.D.*

Question 1. Based on data from the IRIS registry which drug has been shown to have superior visual results for neovascular AMD:

1. Ranibizumab
2. Aflibercept
3. Bevacizumab
4. None of the above

Optimizing the Ocular Surface for Cataract and Refractive Surgery – *Helen Wu, M.D.*

Question 1. Which of the following is a potential cause of dry eye after cataract surgery:

- A. Nerve damage from incision
- B. Toxicity from anesthetic drops
- C. Goblet cell loss
- D. Meibomian gland dysfunction
- E. All of the above may induce dry eye

Question 2. What is the best test to diagnose dry eye?

- A. Schirmer testing
- B. Tear break up time
- C. Tear film osmolarity
- D. Ocular surface staining
- E. Questionnaire
- F. None of the above

Phakic IOLs: Where Do They Fit In Today's Refractive Surgical Toolbox? – *Helen Wu, M.D.*

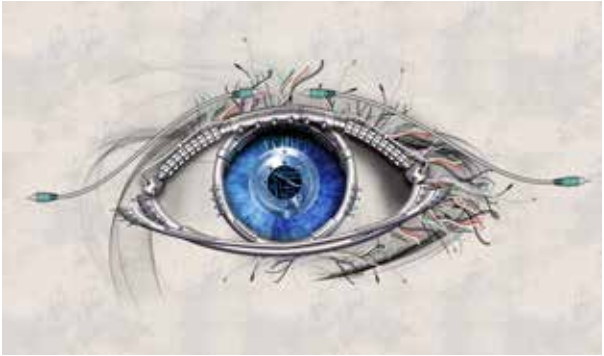
Question 1. What are the contraindications to a Phakic IOL?

- A. Preexisting cataract
- B. Anterior chamber depth less than 3.0 mm (from endothelium)
- C. Low endothelial cell count relative to age
- D. Age greater than 45
- E. All of the above
- F. A, B, and C

Question 2. What are the most common potential long term complications of a Phakic IOL?

- A. Cataract
- B. Accelerated loss of endothelial cells
- C. Increased IOP
- D. Displacement of Phakic IOL
- E. A and B

Administrators' Program



Codequest 2018

Connecticut Society of Eye Physicians partnered
with American Academy of Ophthalmology

Administrators' Program

7:30 **Registration Codequest**

8:15 **AAO Codequest - Part I**

– Sue Vicchilli, COT, OCS, OCSR

Objectives: 1. Avoid costly mistakes that trigger audits in evolving health care markets 2. Audit-proof your documentation with our new payer-specific checklists for top surgical procedures 3. Ensure your practice gets paid for newly covered procedures and devices 4. Telemedicine: Learn what to consider before you participate, including risk management coverage issues 5. Blepharoplasty: Get expert guidance on how to correctly bill cosmetic vs. functional procedures under new requirements 6. Review requirements for mastering modifiers

10:00 **Refreshment Break**

10:30 **AAO Codequest - Part II**

12:15 **Certificates** - Codequest offers 4 CME, JCAHPO Category A and NBCOE credits.

12:20 **Lunch**

12:55 **MIPS 101 for 2018**

– Denise Ramos, CMHP, MIPS Advisor,
Modernizing Medicine

Objectives: To know your 2018 MIPS options (Avoiding Penalty, Incentive, Bonus). 2. To understand high category in MIPS requires a certified EHR.

1:15 **Navigating Medicare Advantage Plans. Contracting Issue, Administrative Requirements and Out of Network Rules**

– Wendy Kroll, J.D.

Objectives: To help medical office staff understand the new rules for patients enrolled in Medicare Advantage plans. To provide communication tools for patients.

Administrators' Program

1:45 **Audits: Staying Off the Audit Radar Screen & How to Handle if your Practice is the Target**

– Julia P. Boisvert, J.D., Mindy S. Tompkins, J.D. -
Murtha Culina

Objectives: 1. Identify what can trigger an audit and how to mitigate your risk of recoupment 2. Compliance planning and policies 3. Identifying your greatest risk events by provider, by code and by modifier 4. Build a risk-based audit plan that will stand up to auditors 5. Developing an Audit team that is ready to respond 6. Respond quickly and correctly to Audit notices - Automated, Semi-Automated, Complex audit 7. Documentation – A key component of your defense 8. Strategies for Responding to Audit Assessments 9. Review the rules applicable to the audit, including the E&M rules: The Danger of Extrapolation and What you can do?

2:45 **Risk Management: Where We Are, Where We're Heading**

– Joyce Lagnese

Objectives: To describe the hidden malpractice risks in your office.

3:30 **Coffee, Tea and International Desserts**

3:50 **Washington Update Objectives - Ophthalmology in Wagon Room**

– Michael Repka, M.D.

Objectives: 1. To understand physician compliance and performance changes in Medicare's Quality Payment Program for 2018. 2. To discuss targeted regulatory relief for physicians in the current political environment: administrative and legislative.

3:50 **Washington Update - AAD, AAO-HS, AUA**
– Debbie Osborn

4:30 **Certificates** - (Non-ophthalmology Administrators)

This Morning program is submitted to AAPC for
4.0 Core A continuing education units. Index # will be
provided at the end of the meeting.

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3.0 Core A continuing education units. Index # will be
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Category I Credit(s)[™].

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





JULIA P. BOISVERT, J.D.

Julia P. Boisvert is an Associate in the firm's Health Care Practice Group. She assists hospitals, physicians, physician practice groups, social service providers, and other for-profit and nonprofit health care providers with a variety of health care regulatory, corporate, and business issues. Julia has experience advising on corporate formation, governance matters, corporate transactions, employment matters, practitioner and facility licensure, Medicare and Medicaid reimbursement, HIPAA and privacy compliance, and fraud and abuse matters. She also has experience drafting a variety of agreements, including professional services agreements and employment agreements.

For nonprofit providers, Julia also assists with filing for recognition of tax exemption, board management issues, charitable giving matters, and general operational issues.

Julia received her J.D., magna cum laude, from the American University Washington College of Law and her B.S. from Cornell University. She is a member of the American Health Lawyers Association and the Health Law Section of the American Bar Association.

Wendy L. 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 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.



JOYCE A. LAGNESE, J.D.

Ms. Lagnese is one of the founding principals of the Hartford Law firm of DanaherLagnese, PC, where she serves as head of the Medical Malpractice Defense Unit. She is a high honors graduate from the State University of New York and obtained her law degree with honors in 1980 from Hofstra University School of Law.

Her practice concentration is high exposure medical practice defense litigation. For over three decades, she has defended medical malpractice cases throughout Connecticut on behalf of physicians from every medical specialty, and has successfully tried to verdict a large number of medical malpractice cases including claims of wrongful death and permanent injury. Her

practice also includes representation of medical practitioners and institutions in administrative proceedings before the Connecticut Department of Public Health.

Ms. Lagnese has been an invited lecturer and Keynote Speaker to various local and regional medical societies, physicians organizations and hospitals on medico-legal topics and is co-author of a textbook on Connecticut Medical Malpractice. She has also been an advocate in the Connecticut State Legislature for malpractice tort reform.



DENISE RAMOS, CMHP, MIPS Advisor,
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MICHAEL REPKA, M.D.

Dr. Michael Repka received his medical degree from the Jefferson Medical College of Thomas Jefferson University and completed his ophthalmology residency at Wills Eye Hospital. Following completion of his residency training, a fellowship was spent training in pediatric ophthalmology and strabismus as well as neuro-ophthalmology at the Wilmer Ophthalmological Institute of Johns Hopkins Hospital.

Dr. Repka is the David L. Guyton, MD and Feduniak Family Professor of Ophthalmology and a professor of pediatrics at the Johns Hopkins University School of Medicine. He has been at the Johns Hopkins University School of Medicine since

1983. He is known for his contributions in the fields of pediatric ophthalmology, strabismus, retinopathy of prematurity and pediatric neuro-ophthalmology. His clinical practice includes an interest in the management of strabismus and amblyopia. In these areas, he has a special interest in using alternatives to patching for the management of amblyopia and using strabismus surgery, botulinum toxin and adjustable sutures to treat strabismus. He performs cataract surgery and intraocular lens implantation on children with cataracts. He also has a special interest in pediatric neuro-ophthalmology involving normal and abnormal visual development and the effect of injury and tumor on the visual system of the child.

He is the past-chairman of the Pediatric Eye Disease Investigator Group. He is Medical Director of Governmental Affairs of the American Academy of Ophthalmology and President of the Maryland Society of Eye Physicians and Surgeons.



MINDY S. TOMPKINS, J.D.

Mindy S. Tompkins is a member of the Health Care Practice Group. She represents clients including hospitals, physicians, physician groups, surgery centers and other health care businesses on a wide array of regulatory, general business and corporate matters.

Mindy's experience includes contract preparation, negotiation and review for various transactions, such as professional services or management contracts; mergers, acquisitions, affiliations and joint venture transactions involving health care providers; Stark law and fraud and abuse counseling; HIPAA compliance and privacy matters; health care technology matters; corporate compliance plans; Medicare and Medicaid reimbursement; managed care contracting; corporate formation and governance; Certificate of Need advice and proceedings. Mindy also provides legal counsel to healthcare

clients in employment law matters. She has experience in the preparation, negotiation and review of employment contracts and non-competition agreements for physicians and other health care providers.

Mindy also counsels clients on a wide variety of employment issues, including employment discrimination laws; family and medical leave laws; wage and hour laws; hiring and termination issues and employment handbooks and policies; internal and government investigations; employment contracts; physician compensation and recruitment; health care provider licensure and credentialing matters; and medical staff and peer review issues.



Sue Vicchrilli, COT, OCS, OCSR

Sue is the Academy's director of coding and reimbursement. Her experience in ophthalmology includes coding, reimbursement, practice management and clinical and surgical assistance. She is the content director for the Academy's entire line of coding products.



Technicians' Ophthalmic Program



This Course has been approved by JCHAPO for 6.5 JACHAPO Credits

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

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

1:30 pm 4.00 hrs
2:00 pm 4.50 hrs
2:30 pm 5.00 hrs
3:00 pm 5.50 hrs
3:30 pm 5.50 hrs
4:00 pm 6.00 hrs
4:30 pm 6.50 hrs

TECHNICIANS' PROGRAM

7:45 Registration/Continental Breakfast/Vision Expo

8:00 **Cornea Ulcers What Are They, Who Gets Them, Where Do They Come From?**

– Jeanine Suchecki, M.D.

Objectives: To describe cornea ulcers describe the reasons patients get them. To review contact lens wearers and the risks of over using them. How to treat them.

8:45 **What We don't Know About Macular Degeneration**

– Scott Walter, M.D.

Objectives: To explore some of the areas where treatments are deficient.

9:15 **50 Shades of Glaucoma**

– David Hill, M.D.

Objectives: To determine the many causes of glaucoma based on history and clinical features.

9:45 **Visit International Tea & Coffee Stations**

10:15 **Ocular Imaging Update**

– George Williams, M.D.

Objective: To review the current status and utility of widefield imaging, OCT and OCT angiography.

10:45 **Presbyopia: The Final Frontier**

– Helen Wu, M.D.

Objectives: 1. To review the currently available methods to address presbyopia 2. To discuss new technologies currently in development for the correction of presbyopia.

TECHNICIANS' PROGRAM

11:15 Figuring Out IOL Calculations

– Uday Devgan, M.D.

- Objectives:* 1. Describe the evolution of IOL calculations
2. Explain which formulas work best for different types of eyes
3. Understand the generations of formulas and how they differ
4. Know the future of IOL calcs and how to best help your patients.

11:45 Lunch

12:45 What We Have Learned From Clinical Trials

– Michael Repka, M.D.

- Objectives:* 1. To understand the value of amblyopia therapy
2. To discuss the appropriate doses for initial therapy. 3. To describe the impact of glasses alone on amblyopia treatment outcomes.

1:00 Advances in Vision Functional Assessment

– James Tsai, M.D.

- Objectives:* 1. Understand underlying concepts regarding visual field assessment in glaucoma 2. Learn about innovative technological advances in vision functional assessment (eg, icVEP) in glaucoma.

1:30 Expert Panel – Ask us Anything

– Lorenzo Cervantes, M.D., Sarit Patel, M.D., Renelle Lim, M.D., Ed Lim, M.D.; Jennifer Galvin, M.D.

- Objectives:* To field questions from the audience and review questions submitted by experts to audience.

2:15 What Can Go Wrong in Cataract Surgery & What to Look For in Pre-Op Workup

– Steven Safran, M.D.

- Objectives:* To review cataract and pre-op information needed for the successful outcomes.

TECHNICIANS' PROGRAM

3:00 Visit International Tea and Coffee Stations

3:15 A Kaleidoscope of Fascinating Eye Facts - Why What We Do is Important

– William Ehlers, M.D.

Objectives: Learners will: 1. Better understand the complexity of the visual system. 2. Understand the importance of vision to our survival, success, and enjoyment of life. 3. Appreciate the importance of eye care in assuring good vision throughout our lives.

3:45 Everything You Need to Know about Uveitis

– Paul Gaudio M.D.

Objectives: To review the the ABC's of uveitis.

4:15 Post Competency Test Review

4:45 Certificates & Door Prizes

This Course has been approved by JCAHPO for JCAHPO Group A 6.50 CEC.

AOC Approved for 6.5 CEC. OPS Approved for 3 CEC.

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JCAHPO Pre Competency Questions

Name _____ Email _____

Expert Panel – Ask us Anything

– *Lorenzo Cervantes, M.D.*

Question 1. The least important measurement when preparing for intraocular lens calculations for cataract surgery is the:

- a) refraction
- b) axial length
- c) keratometry
- d) anterior chamber depth

Question 2. The most important measurement when preparing a refractive surgery treatment (eg. LASIK, PRK, phakic IOL) is the:

- a) refraction
- b) axial length
- c) keratometry
- d) lens thickness

Question 3. A patient has had a penetrating keratoplasty (PK) in her right eye and endothelial keratoplasty (DSEK or DMEK) in her left eye. The following should be routinely performed at every visit except:

- a) visual acuity with pinhole or refraction
- b) intraocular pressure
- c) anterior segment OCT
- d) central corneal pachymetry

Question 4. A patient is asking for new glasses, but the auto-refractor is broken. To find a place to start the refraction you can:

- a) ask the patient to refract themselves
- b) perform retinoscopy
- c) measure their wear
- d) all of the above

Question 5. Audits and associated penalties are most likely occur with:

- a) poor medical decision making
- b) surgical procedures
- c) incomplete medical record documentation
- d) tests ordered

Expert Panel – Ask us Anything

– *Renelle Lim, M.D.*

Question 1. The most common intraocular cancer is:

- a) Squamous cell carcinoma
- b) Melanoma
- c) Metastasis
- d) Cancer does not exist in the eye

Question 2. Eye cancer usually causes pain

True ____ False ____

Question 3. Leukocoria, a white pupillary reflex can be a sign of:

- a) Cataract
- b) Retinoblastoma, a type of childhood cancer
- c) Exudates from Coats disease
- d) A normal finding depending on where the patient is looking
- e) All of the above

Question 4. Intraocular Melanoma can spread to other parts of the body

True ____ False ____

Question 5. The most common type of eyelid cancer is:

- a) melanoma
- b) basal cell carcinoma
- c) sebaceous carcinoma
- d) metastasis

Expert Panel – Ask us Anything

– *Edward Lim, M.D.*

Question 1. When taking a history for someone with flashes/

floaters and a shadow approaching the central vision it is important to assess their risk profile for Retinal Detachment by asking:

- a) Have you had previous eye surgery
- b) Have you had prior trauma
- c) Do you have a family history of retinal detachment or retinal tear
- d) Have you had a history of retinal tear or RD in the other eye
- e) Have you had a YAG Laser
- f) Are you really near-sighted
- g) A-F are important questions to ask
- h) A, C and e are not important

Question 2. When administering patient education on Dry Age Related Macular Degeneration, you should discuss these important facts:

- a) Complement Factor H inhibition will lower your risk by 85%
- b) AREDS I/II showed a risk reduction of moderate to severe vision loss in those who qualify
- c) Anyone over age 50 years should take AREDS formula based supplements
- d) Amsler grid testing is an important monitoring tool
- e) Amsler grid testing should be done with both eyes open
- f) A and D
- g) B and D
- h) C and E

Question 3. Diabetic Retinopathy is the leading cause of vision loss in the working age group. The initial history should include:

- a) Age of onset of diabetes
- b) History of insulin use
- c) Family history of diabetes
- d) History of hepatic disease
- e) A1C (most recent and historical data)
- f) All of the above
- g) All of the above except D

Question 4. The most common presenting symptoms associated with Central Retinal Artery Occlusive Disease are

- a) Indolent onset
- b) Notable Brow ache, throbbing
- c) Painless
- d) Sudden
- e) A and C
- f) C and D
- g) Any combination

Question 5. When you are working up a patient you detect a Positive Angle Kappa. Which of the following is an important question to ask

- a) Have you had cataract surgery
- b) Were you a premature baby
- c) Did you grow up with puppies
- d) Were your parents really smart in college
- e) A and C
- f) B and C
- g) A-D are correct

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CSEP
Next Annual Scientific Program
January 11, 2019

Faculty

Paul Finger, M.D. - *Macular Degeneration*

Ron Gentile, M.D. - *Retina*

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

Ken Rosenthal, M.D. - *Cataract*

Sunil Srivastava, M.D. - *Uveitis*

June 14, 2019

Michael Patterson, M.D. - *Glaucoma, Cataract*

Carol Shields, M.D. - *Oncology*

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