

# The Georgia Society of Ophthalmology Eye Openers

**November**

**2016 Issue**

Editors D. Brian

Kim, MD

& W. Barry Lee, MD

## Get To Know Your GSO

Featuring: [Evan Schoenberg, MD](#)

A successful ophthalmologist by day, Dr. Evan Schoenberg designs mobile apps by night. "I'm always looking for ways to make things easier," he says. / necessary time: he once spent 10 hours coding an app to turn his iPhone into a remote for his laptop instead of walking across the room to get the original lap

From a young age, Evan was inspired to love both medicine and technology by his grandfather distinguished physician [Dr. E. Arthur Dreskin](#), a pathologic who (among many other things) founded the School for Medical Technology in Greenville, South Carolina. (Pictured, right.)

In college, Dr. Schoenberg initially considered pursuing artificial intelligence work via a double major in neuroscience and computer science. His interest i computers led to volunteer leadership of an open source software project, [Adium](#), which he grew to over a million users across twenty languages worldwide. Luckily for his patients today, Evan found the coursework for medicine more exciting than the coursework for computers, and wound up becoming a ophthalmologist instead of an AI engineer.

Around 2008, the same time that Apple first opened the iPhone for developers to build apps, Dr. Schoenberg was a 4th year medical student. While on a away rotation at the Vanderbilt Eye Institute, Evan picked up a case of *pharyngoconjunctivitis* from a patient, or as he calls it, "the best disease of my life. Unable to work in clinic during the isolated week it took him to recover, he wrote the first version of his second app—a digital ICD9 coding resource. "I kept thinking about the fellow hauling this huge book off a shelf just to look up one diagnostic code. I knew there was a better way."

Since then, Dr. Schoenberg has written over a dozen apps of both the medical and non-medical variety in his "spare" time (a sparse resource for a father of busy 3-year-old), including the recently updated [ICD10 Consult 2017](#), [Rowmote Pro](#) (the aforementioned Macintosh remote), and [MediMath Medic Calculator](#). Outside of his cornea/cataract/refractive practice at Georgia Eye Partners, his current project is a collaboration with two cardiologists on an ap that looks to improve heart failure outcomes.

Check out all of Dr. Schoenberg's iOS and Android apps on his company's website, [www.regularrateandrhythm.com](http://www.regularrateandrhythm.com).

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## GSO & Rep. David Scott Visit the Atlanta VA Eye Clinic

by Sally Carter, GSO Executive Office

During the 2016 AAO MYF fly-in trip to Washington DC, GSO leadership delivered letters to US Senator Johnny Isakson and US Representative David Scott the Atlanta VA Eye Clinic. The purpose of this visit would be to introduce them to an innovative and promising program currently operating at VA Community Georgia. The **TECS** program (Technology-based Eye Care Services) is an eye-screening program that uses technology and telemedicine to provide ba America's veterans. Since its launch at the Atlanta VA in March 2015, TECS has significantly increased access to care while reducing costs, and has a vi satisfaction.

Rep. David Scott, a long-time friend of ophthalmology, accepted GSO's invitation and on October 3rd, GSO representatives escorted Rep. Scott and his staff to see TECS in action and to meet the people who make the program happen.



Representative David Scott (right) discusses TECS program with Drs. Mary Lynch, April Mao, and Steven Urken at the Atlanta VA Eye Clinic.

### A Novel Approach

Through TECS, veterans receive high-quality eye services from board certified ophthalmologists without community. TECS places trained ophthalmology technicians in local primary care clinics all over the state, v equipment to screen veterans for serious eye conditions. The information is uploaded into the VA EHR database by an ophthalmologist at the Atlanta VA. Most patients are diagnosed and treated in one day, and veterans who local eye care providers through Veterans' Choice. If a higher level of care is required, the patient is scheduled f Atlanta VA Eye Clinic.

At the VA Dr. Mary Lynch, the ophthalmology consultant to VSN 7 (the regional VA headquarters,) led a compel packed staff breakroom. "Blindness is death," she said, to illustrate the dangers of the VA's traditional "silo" syst in the optometry silo without being referred for higher levels of care and transferred into the ophthalmology silo) cases of vision loss and even complete blindness.

Rep. Scott, who was very engaged throughout the presentation and obviously quite well-informed and familiar v asked Dr. Lynch why the Atlanta clinic has seen such an increased patient load. Did Atlanta have more veterans with eye problems? Dr. Lynch explained patients because the eye clinic has a more efficient organizational structure: Instead of funneling patients into two silos, the Atlanta Clinic's combined eye c led by a CEO Ophthalmologist, and manages eye care on a "spectrum of needs." Shaped like a pyramid, this spectrum starts with basic services on the bottom (including TECS screening and access into the VA,) intermediate services in the middle (testing for early stages of disease; referrals of complex and high risk patients take place; and advanced services like surgery on top.

Led by an ophthalmologist CEO, Dr. Steven Urken, the Eye Care unit is efficient and responsive. The Medflow model also establishes guidelines that ensure intra-facility communication and seamless management of complex patients—guidelines which could potentially be standardized across the VA nationwide. Furthermore, Medflow has an integrated electronic health record system that contributes to the existing VA medical record database while simultaneously collecting TECS data and reducing duplication of care.

When it comes to the TECS program specifically, a large part of what makes the program so efficient how it uses Ophthalmology Technicians to maximize provider productivity and patient access. Another goal for the Atlanta VA is to get eye technicians re-classified from the catch-all "health tech" cate

## Society Leadership

### Executive Committee

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Lasa Joiner

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Title 38 Hybrid, so that current VA techs who are trained from within can continue to get certified and thereby help recruitment and retention of qualified, experienced

#### Exciting Results

To date TECS has served 5,000 veterans, and eye care access has improved so much that the Atlanta VA Eye Clinic increase in yearly visits—that's four times the growth rate of all VHA Eye Clinics in the U.S. Furthermore, TECS has provided with the vets that it serves: 98% of veterans are seen at their local clinic within 2 weeks of contacting the VA, and on a scale of patient satisfaction is 4.95. Plus, the TECS program gathers data in real time—tracking the program's benefits to veterans' fiscal responsibility while expanding the VA's electronic health records (EHR) database. Also, it greatly reduces the burden 1.6% (or about \$111,000) of all non-VA eye care in VISN 7 was attributed to Atlanta last year.

#### An Ambassador for Eye Care

Obviously impressed with the TECS program and the results the Atlanta VA Eye Clinic has seen so far, Rep. Scott was a word out to decision makers in Washington. He made plans to schedule Dr. Lynch for local news television appearances next spring, around the time that the review. He said "I'm a horn-tooter for the VA," and that he will personally hand deliver a letter of support for the TECS program to the upcoming ranking member Committee on Veterans Affairs.

Excited Georgia is the incubator for this promising project, GSO was very happy to host Congressman David Scott on this illuminating site visit. Since then, the language to the aforementioned letters of support for the Congressional Committee on Veterans Affairs, and plans to continue supporting the Atlanta VA Eye TECS program whenever and wherever possible.

## New in Networking: The Atlanta Ophthalmic Society

The Atlanta Ophthalmic Society is a new professional and social group formed to provide support and assistance with local issues that may not be addressed by organizations. The inaugural meeting of the Atlanta Ophthalmic Society was held on June 29, where 20 GSO members discussed the goals of the AOS and what was necessary:

1. To provide an effective peer review organization to review local cases and to intervene with insurance companies or local hospital boards when necessary and when asked.
2. To provide a venue where physicians may interact with colleagues across the full array of subspecialties: retina, glaucoma, corneal, cataract (to mention a few.)
3. To provide a venue where doctors can discuss management issues with their peers, such as: MACRA, EMR, Board Certification, personnel, and other non-medical issues.
4. To provide an opportunity for local doctors to discuss interesting cases.
5. To have fun! YOUR New Atlanta Ophthalmic Society is open for all members of the community to join (even if you are not living or working in the Atlanta area.)

The New Atlanta Ophthalmic Society has many facets. It is an opportunity to bring up interesting cases with your peers as well as discuss practice management and governmental compliance issues (MACRA, EMR, Boards, etc). Because the AOS is all-inclusive when it comes to sub-specialties, it's a perfect opportunity to discuss cases and build referral networks. Also, the AOS may intervene on issues of peer review if requested by a local hospital or ophthalmologist.

There are no dues to join the AOS, participants simply pay for their dinner and drinks. If you're interested in joining the AOS, would like more information about any ideas or suggestions, contact Hersh Chopra, MD at [georgiaeye@gmail.com](mailto:georgiaeye@gmail.com).

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## Ambulatory Surgical Centers: My ASC Experience

by Sid Moore, Jr., MD

In 1989 I had the good fortune of joining the Eye Center of Central Georgia in Macon, Georgia. My partners (the late L.E. Brown, the late Fleetwood Maddox, and John Page) had the foresight to open the first Ophthalmic Ambulatory Surgery Center (ASC) in Georgia in 1985, and I could see from day one that having an on-site ASC offered tremendous advantages to both our patients and our practice. ASCs provide higher quality care in a more inviting environment at a better price than do Hospital Outpatient Departments (HOPDs) – a win/win/win situation for patients, physicians, and for payers (whether federal, state, third-party, or private.) In addition, when properly managed, an ASC can provide a revenue stream to the practice as well.

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Over the ensuing years, more ASCs were opening around the state, but the onerous challenges posed by the Certificate of Need (CON) laws in effect at that time began to slow their growth. When the Georgia Society of Ambulatory Surgery Centers (GSASC) was formed in 2001, I was asked to join their Board of Directors. I was honored to serve as president of GSASC in 2008, which was the year GSASC, along with a coalition of other specialty societies and the Medical Association of Georgia (MAG), introduced legislation reforming CON laws in Georgia. Ideally, the anti-competitive CON laws would have been abolished; however, strict regulations limiting the construction of ASCs were eliminated and many ASCs that were prevented from opening before the 2008 legislative session were able to launch.

Now, in 2016, we have entered an era of "value based" care in Medicine, and ASCs will play a pivotal role in delivering this value. HOPD reimbursement is cut ASC reimbursement for identical procedures. It is estimated that ASCs will save the Medicare program and its beneficiaries between \$20 billion to \$38 billion annually, commercial insurance programs, ASCs currently reduce health care costs by \$38 billion annually.

However, several trends are preventing the health care system from fully realizing these savings. Many ASCs have been purchased by hospital systems, HOPDs (thus doubling the cost of any procedures performed) or simply shut the ASCs down and move all the cases "in house," where the costs are high bureaucratic and regulatory burdens that have been imposed by the Affordable Care Act and by the repeal of the Sustainable Growth Rate (SGR) formula driving forces behind hospital acquisitions of ASCs and private practices.

I believe that physicians are best able to oversee the delivery of health care. The dynamics of today's health care environment will require independent physicians are to maintain a leadership role in the future. One such model is the Accountable Care Organization (ACO). ACO's are physician-led and tasked high quality care at a cost savings. The synergy between ACOs and ASCs is obvious and will become a major driver of savings. As future models of the architect of those delivery systems will look for an even broader role for ASCs to play in the care of our patients.

## Update: Ocular Syphilis in Georgia

by Katie Moore, Georgia Department of Public Health

The Centers for Disease Control and Prevention (CDC) recently released the [2015 STD Surveillance Report](#) and it showed a rise in the number of cases for Chlamydia, Syphilis, both in Georgia and in the country as a whole. In particular, there was a 19% increase in the primary and secondary syphilis case rates in Georgia, in

## Upcoming Events

#### GEM Eye Meeting

February 11, 2017  
Online Registration is [Open](#)

#### GSO Day at the Capitol

Thursday, February 16

#### AAO's Mid-Year Forum and Congressional Advocacy Day in Washington D.C.

April 26-29, 2017

#### 2017 Annual Meeting

August 4-6, 2017  
The Ritz Carlton, Amelia Island.

second-highest in the country.

Neurosyphilis and ocular syphilis remain some of the worst outcomes of syphilis and warrant additional study. CDC and the Council of State and Territorial Epidemiologists (CSTE) are proposing additional reporting requirements for states specific to ocular syphilis. There are no current national data about ocular syphilis case counts, but the Georgia Department of Public Health (GDPH) reviewed notifiable disease surveillance data in 2015 and found 25 syphilis cases with documented ocular symptoms. Some of the characteristics of the cases are described in the Table (*right*).

There have been 14 ocular syphilis cases reported so far in Georgia during 2016. For some of our 2015-2016 cases we had limited information on their ocular symptoms and diagnoses, **which is why it is so important for ophthalmologists to report ocular syphilis cases to the health to report detailed information on ocular symptoms and diagnoses.** This information can help GDPH and the CDC learn more about these syphilis manifestations, including who might be at the highest risk, what strain of syphilis is more likely to cause these problems and how it could be prevented.

**If you would like to report a case of ocular syphilis or get more information about ocular syphilis in Georgia,** contact Katie Moore, Georgia STD Epidemiologist at 404-657-6338 or [Kathryn.moore@dph.ga.gov](mailto:Kathryn.moore@dph.ga.gov).

Ocular Syphilis Cases in Georgia, 2015 (n = 25)	
Sex – Male	
Age	
< 30 years	
30-40 years	
41-50 years	
> 50 years	
Race/Ethnicity	
White, non-Hispanic	
Black, non-Hispanic	
Other race, non-Hispanic	
Residence in a Metro County (Clayton, Cobb, DeKalb, Fulton, Gwinnett)	
HIV Positive	
Reported Symptoms (patients could have more than one)	
Eye Pain	
Blurry vision/change in vision	
Loss of vision in one or both eyes	
Uveitis	
Optic Neuritis	
Other (red eye, floaters, optic nerve swelling, retinitis, optic ischaemic neuropathy)	

## Free AAO Webinar on Medicare's New Physician Payment

The AAO will host a free webinar on the Quality Payment Program on Nov. 18, 2016. This live online learning opportunity will give physicians and their staff the ability to avoid penalties in 2019. It is an opportunity to ask questions of AAO's health policy experts and understand how to navigate the new reporting requirements.

**Implementing MIPS into Your Practice  
Live Webinar: Nov. 18, 2016  
2 PM--3:30 PM. EST**

The Academy is striving to ensure that this massive and complex overhaul works for our community of U.S. ophthalmologists. And with the deadline looming, for this transition is now. To help you succeed, AAO experts in practice management, coding and reimbursement have created this important free webinar. To help ophthalmologists and staff translate the most up-to-date information from CMS, understand the new reporting requirements, and explore effective ways to avoid penalties.

Click [HERE](#) to register for the webinar. Help guide this important conversation and submit your questions prior to the event by emailing them to [mips@aaao.org](mailto:mips@aaao.org).

## Member News

### GSO Member Purnima Patel Graduates from AAO Leadership Development Program

On Monday, October 17<sup>th</sup> during the *Society Presidents' Recognition and Awards Session* held in conjunction with AAO 2016 in Chicago, **Purnima Patel, MD** completing the Academy's Leadership Development Program XVIII, Class of 2016. Dr. Patel was among a select group of seventeen participants chosen for 2016, from a large group that was nominated by state, subspecialty, and specialized interest societies. The class also included an international participant with the European Society of Ophthalmology and the Irish College of Ophthalmology. During the final LDP XVIII session in Chicago, Dr. Patel heard from leadership of the American Association of Ophthalmology regarding global collaborative efforts and key priority issues for organized ophthalmology and was encouraged to put them into use.

### SIGHT: The Story of Vision

Featuring **GSO Member Alan M. Kozarsky, MD**, this one-hour groundbreaking PBS documentary will air in Georgia this **Sunday Nov 13<sup>th</sup> at 9PM** on GPB Knowledge Channel, and then rebroadcast **Nov 15<sup>th</sup> at 6PM**. The story's threads weave the tale of humanity's journey to discover the science, technology, and medicine that allows us to understand how sight works.

Download the free SIGHT Second Screen app [here](#) to watch Dr. Kozarsky's segment about the ECHO foundation. Go to [www.storyofsight.com](http://www.storyofsight.com) for more information.

### Welcome New GSO Members

**Amy Cherof, MD**

Marietta Eye Clinic

**Scott Gardner, MD**

Eye Consultants of Atlanta

**Brian Long, MD**

Eye Consultants of Atlanta

**Michael Neimkin, MD**

Ocular Plastic Surgery

**Parvathi Rayudu, MD**

North Fulton Eye Center

**Zach Balest, MD**

Emory University

### We Want To Hear From You

If you are interested in contributing to the next edition of the newsletter (i.e. honors, awards, promotions, authorship, or other news of interest) simply send your submission (or submission idea) to: [sally@ga-eyemds.org](mailto:sally@ga-eyemds.org)

*Eye Openers* is GSO's members-only newsletter that focuses on current issues in ophthalmology, member news, association news and updates, legislative issues, practice management, and other subjects of interest to Georgia ophthalmologists.

The GSO does not necessarily endorse the opinions or statements contained in articles or editorials published in *Eye Openers*.

**Kathleen Petro, MD**  
Emory University

**Hannah Park, MD**  
Emory University

**John Allen, MD**  
Emory University

**John Wilgucki, MD**  
Emory University

**Steven Tucker, MD**  
Emory University

## The GSONline Professional Recruitment Board

Have something to post on the GSONline Job Board? Click this [Place An Ad](#) link to fill out a short form on [ga-eyemds.org](http://ga-eyemds.org).

Here are the current listings that are live on GSONline right now:

Title	Optometrist
Description	Multiple specialty ophthalmology practice in Marietta, Georgia is seeking a full or part-time Optometrist. The office is well equipped with OCT, HFV, ERG and fluorescein angiography. Our fully trained staff is friendly and dedicated to providing excellent patient care. Optometrist will be prescribing contact lenses and performing routine exams as well as co-managing patients with other doctors in the practice. The practice is conveniently located in Marietta off of I-75 across from Kennestone Hospital. We will be interviewing at the American Academy of Ophthalmology meeting in Chicago. Please contact us at <a href="mailto:ns727272@gmail.com">ns727272@gmail.com</a> to schedule an interview if you are interested. Please attach a copy of your CV to the email.
Organization	Multi-specialty Ophthalmology Practice
Contact Name	Contact Information
Namita Sagar	412-720-9363, <a href="mailto:ns727272@gmail.com">ns727272@gmail.com</a>

Title	Seeking those who want to join buying group for new Haag-Streit Lenstar
Description	I am forming a buying group to purchase the new HS Lenstar. It will be the latest model with APS (Automated Positioning System). We will be getting together and purchasing at AAO 2016 in October. Please let me know ASAP if anyone is interested. We should be able to leverage our numbers to negotiate a better price. Thank you.
Organization	Professional Eye Associates
Contact Name	Contact Information
Brian Kim	706-934-3143, <a href="mailto:kim@professionaleyec.com">kim@professionaleyec.com</a>

Title	FOR SALE: Well-Established Solo Practice
Description	Well-established ophthalmology practice for sale in Macon, Georgia. This is a long-running practice with a large patient base. This practice operates out of a hospital office location at the HCA facility in Macon, which has an excellent surgical center and provides an on-call group that is available for nights and weekends. The hospital will also help new owner with local advertising to promote growing practice. Practice Location: 380 Hospital Drive, Suite 350 Macon, GA 31217  I am very happy to answer all of your questions: (478) 742 5255
Organization	G. Richard Jones, M.D. Private Ophthalmology Practice
Contact Name	Contact Information
G. Richard Jones, M.D.	478-742-5255 or 478-477-4618

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