

10/10/2021 8:38AM

Representation of Women in Vitreoretinal Meeting Faculty Roles From 2015 Through 2019

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OBJECTIVE Are female faculty adequately represented at vitreoretinal meetings and has this representation changed over time?

PURPOSE To describe the proportion of female faculty presenting or moderating at vitreoretinal meetings from 2015 through 2019.

METHODS Six highly attended annual national vitreoretinal meetings from 2015 to 2019 (30 total meetings) were included. Conference programs were acquired either through online search or directly from meeting organizers and were reviewed and analyzed. Genders of program committee members, first author main podium presenters of papers and nonpaper presenters, main podium panelists, and main podium moderators were recorded. A χ^2 analysis was performed to compare the proportion of women with podium roles in 2015 and those in each subsequent year until 2019.

RESULTS A total of 4,521 faculty roles were included for analysis. Women filled 22.1% of those roles and were more likely to be included as invited moderators or panelists (25.0%) than as paper (21.4%) or non-paper (19.8%) presenters. Meetings with at least one female program committee member were significantly more likely to include female non-paper presenters ($P = .02$), moderators or panelists ($P = .02$), and total women faculty ($P < .001$). Although there were no significant changes in the proportion of women when comparing consecutive years, the overall trend was for an increased proportion of women faculty, with a significant increase from 19.6% in 2015 to 25.5% in 2019 ($P = .002$).

CONCLUSION Women filled less than one-fourth of the main podium faculty roles at vitreoretinal meetings included for analysis over a 5-year period, although there was a significant increase in female representation when 2015 and 2019 participation were compared. Meetings with at least 1 female program committee member filled non-paper podium faculty roles with a significantly greater proportion of women.

IRB APPROVAL Not applicable — I responded “No” to previous question regarding human subjects.

10/10/2021 8:44AM

Board-Certified Providers Are Associated With a Reduced Risk of Endophthalmitis After Intravitreal Injections



- Geoffrey G. Emerson, MD, PhD, FASRS
- Moshir Rahman, PhD
- Diana H Kim, MD
- Joshua Stein
- Brian L. VanderBeek, MD

OBJECTIVE To determine whether board certification and/or subspecialty training in retina may decrease the risk of postinjection endophthalmitis.

PURPOSE Endophthalmitis is a sight-threatening complication of intravitreal injection procedures. The purpose of this study is to investigate associations between patient-related factors, provider-related factors and the risk of postinjection endophthalmitis, in order to suggest methods that may reduce the risk of this devastating complication.

METHODS In this retrospective analysis, we examined claims data of Medicare beneficiaries undergoing ≥ 1 intravitreal injection between January 1, 2013 and December 31, 2017. Logistic regression analysis was performed to assess whether patient-related factors (age, race, sex, agent injected, diagnosis, year of injection), and provider-related factors (retina subspecialty training, board certification status) were associated with an increased or decreased risk of postinjection endophthalmitis. The main outcomes measure was the odds ratio (OR) with 95% confidence intervals of receiving a diagnosis of endophthalmitis in the 14 days after intravitreal injection.

RESULTS 2,907,324 intravitreal injections were performed on 219,640 patients by 4,315 ophthalmologists, 3,196 (74%) who were retina specialists and 4,021 (92%) who were certified by the American Board of Ophthalmology (ABO). Overall, there were 1088 (0.037%) cases of postinjection endophthalmitis, 1024 (0.037%) among eyes that had received injections administered by ABO certified ophthalmologists and 64 (0.050%) by non-board-certified ophthalmologists. Patients receiving injections by ABO certified ophthalmologist had 28% reduced odds of endophthalmitis (OR = 0.72; 95% CI: 0.523 - 0.996, $p = 0.047$). Higher odds of endophthalmitis was observed for corticosteroid injections (OR = 3.91; 95% CI: 2.75 - 5.56, $p < 0.0001$) and aflibercept injections (OR =

1.47; 95% CI: 1.19 - 1.80, $p = 0.0003$). Patient sex, patient race, injection-associated diagnosis, and provider retina subspecialty training were not associated with the rate of endophthalmitis ($p > 0.20$ for all comparisons).

CONCLUSION We conclude that ABO board certification is associated with decreased odds of endophthalmitis after intravitreal injection. While some risk factors are not modifiable, restricting intravitreal injection to board certified ophthalmologists may reduce the risk of sight-threatening postinjection endophthalmitis.

IRB APPROVAL No — I received a determination that the study/activity qualified for **exempt status or that it did not require IRB approval** from an IRB or another authorized oversight body (*IRB Exemption Letter may be requested*).

10/10/2021 8:54AM

Trends in Medicare Reimbursement for Common Vitreoretinal Procedures: 2011-2020



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- Nicolaas P DeRuyter, MD
- Henry A Leder, MD
- Ella H Leung, MD
- Rahul K. Reddy, MD, MHS
- Jill F. Blim, MS
- Paul Hahn, MD, PhD, FASRS

OBJECTIVE How has Centers for Medicare and Medicaid Services (CMS) reimbursement for commonly performed vitreoretinal surgical procedures and services changed from 2011 to 2020?

PURPOSE To determine how inflation-adjusted reimbursement levels have changed over time.

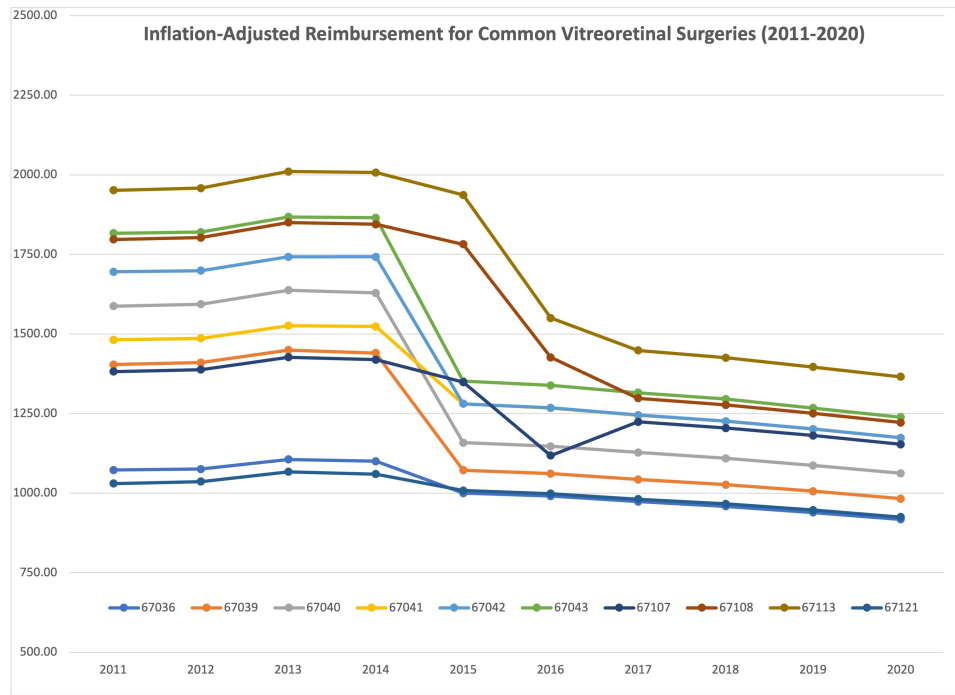
METHODS 2011-2020 data accessed from CMS Medicare website were used to analyze trends in reimbursement for commonly coded vitreoretinal surgical procedures. The 2019 National Summary Data File was accessed to identify commonly coded procedures in Medicare Part B beneficiaries. After compiling volume of services, 15 common retina procedures were selected for evaluation. The primary outcome was change in professional component of National Payment Amount (NPA) over time, adjusting for inflation using the Consumer Price Index (CPI).

RESULTS Over the time period studied, the average reimbursement change was -8.2%. Four procedures experienced an increase in unadjusted reimbursement amount. After adjusting for inflation, the average change in reimbursement was -20.7% and all fifteen procedures experienced a decline in real reimbursement from 2011 to 2020.

CONCLUSION Vitreoretinal surgical procedure reimbursement rates have been trending downward for years. Adjusting for inflation illustrates the inability of these reimbursements to keep pace with rising healthcare delivery costs. A sustainable alternative to budget

neutrality is critical to the economic viability of our profession moving forward.

IRB APPROVAL Not applicable — I responded “No” to previous question regarding human subjects.



Inflation-adjusted CMS reimbursement from 2011 to 2020 for select vitreoretinal procedures.

10/10/2021 9:00AM

The Conundrum of Intravitreal Injections and Use of -25 Modifier for Same-Day Office Visits



- John T. Thompson, MD
- Linda A. Lam, MD, MBA

OBJECTIVE To review the use and policies concerning the -25 modifier on the same day as charging an office visit in eyes receiving intravitreal injections.

PURPOSE This study presents data regarding -25 modifier usage to allow payment for an office visit on the same day as an intravitreal injection (CPT 67028) from a database of claims filed by a subgroup of ASRS members and Medicare data. Conflicting interpretations exist concerning appropriate usage of -25 modifier with an office visit on the same day as an intravitreal injection.

METHODS The Retina PractiCare database of 9.8 million claims from 327 US ASRS members covering 2014 – 2016 was queried and policies concerning use of -25 modifier were reviewed. The Medicare database of claims for intravitreal injections from 2017 and 2018 were compared.

RESULTS The intravitreal injection work RVU by the AMA RUC was 2.52 from 1992–2010. The RVU decreased to 1.44 in 2011 due to decreased procedure time and recognition that an office visit was typically charged on the same day as an intravitreal injection. For 2021, intravitreal injection was re-reviewed and RVU remained unchanged. An office visit was billed <50% at the 2019 RUC review, but no increased work RVU was accepted. Retina PractiCare found that office visits were charged with intravitreal injections in 59% of claims in 2015 and 51% in 2016. This decreased to 48% in the Medicare database for 2017 and 2018. The Office of Inspector General has been targeting office visits charged on the same day as intravitreal injections for audit. A recent publication of the ASRS Task Force on Intravitreal Injection and Supplemental Services provides additional guidance concerning “significant, separately identifiable evaluation and management services” on the same day as an intravitreal injection.

CONCLUSION Currently, clear guidelines for billing an office visit on the same day as an intravitreal injection are lacking from regulators. Retina specialists should be aware of the -25-modifier definition and must assure their documentation supports an office visit, when appropriate on the same day as an intravitreal injection

IRB APPROVAL Not applicable — I responded “No” to previous question regarding human subjects.

10/10/2021 9:06AM

The Impact of COVID-19 on US and International Retina Specialists, Their Practices, and Their Patients



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- Jill F. Blim, MS
- Kirk H. Packo, MD, FACS
- J. Michael Jumper, MD, FASRS
- Timothy G. Murray, MD, MBA, FASRS
- Carl C. Awh, MD, FASRS

OBJECTIVE How has the COVID-19 pandemic affected physicians, the practices, and their patients?

PURPOSE To analyze data from a series of Surveys developed by the American Society of Retina Specialists (ASRS) assessing the impact of Coronavirus Disease 2019 (COVID-19) on physicians, their practices, and their patients.

METHODS A series of five Surveys were sent by the ASRS between March and July 2020 to both US and international retina specialists. Data and trends from these Surveys were analyzed.

RESULTS Retina specialists remained largely safe, with 87-95% of respondents in the US and international reporting no known COVID-related symptoms despite reported limitations in personal protective equipment and heightened anxiety. Clinic volumes globally were drastically reduced in March 2020 with only partial recovery through July 2020 that was slower internationally than in the US. Practices have been required to reduce staff and even physician employment. Most respondents estimated some degree of delay in patient treatment with corresponding declines in vision and/or anatomy, which were attributed most frequently to patient fears of the pandemic and least frequently to office unavailability.

CONCLUSION The reported negative impact of COVID-19 has been substantial. Retina specialists have been resilient in optimizing safety for patients and providers. Reductions

inclinic volume, practice employment and size have generated concerns for ongoing practice financial health. Future studies will be required to quantify losses associated with these unprecedented and ongoing pandemic circumstances.

IRB APPROVAL Not applicable — I responded “No” to previous question regarding human subjects.