



The SOOp Box

Section on Ophthalmology
Fall 2005

American Academy
of Pediatrics

Newsletter Editor
Stephen R Glaser MD

Chairman's Message - Edward G. Buckley, MD

I am often asked, "Just what does the AAP Ophthalmology Section do anyway?" and "Why should I join?" Many of you may not be aware of the many activities that are occurring and often dealt with by members of your Executive Committee.

First, the section organizes the ophthalmology program for the pediatricians at their annual scientific meeting. These are always well received and designed to highlight the role that pediatric ophthalmologist can provide in assisting with their patients visual problems. Every effort is made to include section members in this endeavor, especially if they are in close proximity to the meeting site.

Second, there are numerous position statements or guidelines which stipulate preferred practice patterns for children's eye care and disease which may involve the eyes which are written or reviewed on a periodic basis. These are on such subjects as vision screening, retinopathy of prematurity, juvenile diabetes, learning disabilities and JRA. These involve a great deal of effort and are often joint statements with the AAP, AAO,

AAPOS, and AACO. It is crucial that pediatric ophthalmology have significant input into these documents as public policy or even legislation can be driven by them.

We are also often called upon to provide input and review statements made by the lay press and various publications about children's eye problems. This has been very helpful in correcting misconceptions and statements which could have been widely disseminated.

Third, we have been increasingly involved in asking the AAP to assist in thwarting unneeded or poorly conceived programs and legislation involving infant vision screening. The most recent program, Infant SEE, has been in the limelight recently. The AAP has been very supportive of our opposition of Optometry's poorly veiled attempt to gain control of children's eye care. On the horizon, the federal government is in the process of revising the definition of what constitutes a disability. The AAP staff has been instrumental in bringing our attention to this legislation and is assisting in getting our voice heard as to the appropriateness of the visual criteria in children.

Lastly, we are a member of a larger group of surgical specialists in the AAP called the Surgical Advisory Panel (SAP). This association helps us in influencing AAP policy since we share many of the same issues with the other pediatric surgical specialists both internally with the AAP and how the AAP should respond externally. As examples, most recently, the panel has been aggressively advocating reducing the financial costs of membership to the AAP since, for most of us, this is our second or third professional organization. Some progress is being made in this area. In addition, this group is also united in advocating on a national level for universal health coverage for all children, an issue which we obviously support.

As you can see the work, while not flashy, is extremely important with wide spread consequences if not properly done. I hope you will continue to support these efforts and if called upon, assist in these worthwhile endeavors. I and all the members of the executive committee appreciate your ongoing support.

Visit the SOOp homepage today!

www.aap.org/sections/ophthal.html

You'll Find . . .

- ☞ Guidelines for Referral to Pediatric Surgical Specialists
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- ☞ "What is a Pediatric Surgical Specialist" Brochure
- ☞ "What is a Pediatric Ophthalmologist" Fact Sheet

AAP Section on Ophthalmology Invites All AAPOS Members to Join

Your Name, FAAP:

"FAAP" shows that you are pediatric issue oriented, and gives you a competitive edge over those that are not fellows of the AAP. Since there is no "board certification" in pediatric ophthalmology, and many ODs and as well as others call themselves "Pediatric Eye Doctors", the "FAAP" may be the only recognizable way of distinguishing us as to what we are. As an AAPOS member, we are inviting you to join the AAP as a fellow, and, your acceptance to AAP is now automatic.

Most pediatric ophthalmology referrals are from pediatricians and pediatric practitioners. The most recognizable acronym for your referring practitioners is the "FAAP" It shows that you are an active member of their group which gives a comfort level, such as when you pull your AAPOS directory to give patients name of pediatric Eye MD's in other regions.

In addition to using the FAAP after you name, you will receive the AAP News and other membership benefits, have the oppor-

tunity to participate in the local AAP activities, and connect with your local pediatricians at AAP events. We have openings for leadership positions as Chapter Contacts for national AAP issues in our almost 20 year-old Section on Ophthalmology (SOOp) including AK, AR, CA (Orange County), CO, DC, HI, ID, IL, ME, MI, MS, NY (Upstate), OR, RI, SD, TN, VT, WV, WY, and many Canadian provinces including ON and QE.

As you may know the AAP sponsors the Apt Lecture given at the AAPOS meetings and is

responsible for policy statements and other items that affect our day to day practice.

Bottom line: AAP is in the best position to look out for our interests, more than the AAO, and certainly than our beloved, but obscure AAPOS organization.

Please fax the application on the next page to our Chicago headquarters and we will work to facilitate your membership as a Fellow of the AAP.

InfantSEE Raises Concerns

- Gregg Lueder, MD

You may be aware that a program developed by the American Optometric Association has been the focus of concern for our section of the AAP. The program, titled "InfantSEE", provides free optometric vision screening examinations to children ages 6-12 months, with the stated goal of identifying potential vision problems at an early age.

Members of the SOOp have several concerns regarding this program:

1. It is another attempt by organized optometry to displace pediatric eye care from its proper Medical Home in the pediatrician's office, similar to the optometric push for legislatively mandated comprehensive eye examinations for all children.

2. Although the initial examination is "free", there is concern that participating optometrists may recommend yearly follow-up examinations thereafter, despite no evidence that such examinations are necessary or

cost-effective.

3. Many of the participating optometrists lack the appropriate skills necessary to examine infants. A one-day update course is being offered to participants to assist their examination skills, which is clearly not adequate for learning how to properly evaluate infant's vision.

4. Many of the important visual problems affecting children are not identifiable at this young age. The findings of a "normal" examination may falsely reassure parents that no problems will develop later. Conversely, there is a risk that inaccurate diagnosis of problems may lead to unnecessary or potentially deleterious "treatment" (e.g. vision therapy, spectacle correction of physiologic hyperopia).

The Section on Ophthalmology has been working on communications with pediatricians and media outlets in order to voice these concerns.

Remembering Marshall M. Parks MD

On July 27, 2005, we lost our venerable mentor and colleague, Marshall M. Parks, MD.

Dr. Parks was named one of the ten most influential ophthalmologists of the century. He was a founding member and first president of the American Association for Pediatric Ophthalmology and Strabismus and a founder and past president of the National Children's Eye Care Foundation. He trained more than 160 of the world's leading pediatric ophthalmologists. Dr. Parks will be missed by his for-

mer fellows, professional grandchildren like myself, and colleagues. He was a true gentleman and scholar.

Dr. Parks first described the monofixation syndrome as his AOS thesis. He was a surgical innovator in strabismus and pediatric cataract surgery. Even in recent years at journal clubs, he would always add salient dictums based on his encyclopedic personal experience in our field that kept us all feeling that he will always be remembered as the consummate teacher.

Important Strabismus Fee Cuts

There has been a recent change by Medicare and Medicaid to eliminate the bilateral surgical codes from the 2005 Medicare Physician Fee Schedule. This will be a retroactive to January 1, 2005. The indicator status will be changed to zero (0) for codes 67320, 67331, 67334-5, and 67340.

These types of changes often end up getting adopted and incorporated into the pay-

ment schedules for third party managed care payors.

As much as The American Academy of Ophthalmology is talking on this issue, we need to keep in mind the AAP is over twice as large as the AAO and our support, influence and respect within the AAP can be a spring-board for pediatric ophthalmology concerns.

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