



TOA NEWSLETTER

Texas Ophthalmological Association

September 2021

President's Message

By *Lindsey D. Harris, MD*
president@TexasEyes.org

Even though it has been a year and a half since we have been able to be together in person, much has happened and continues to happen in the Texas ophthalmology community.

In his message on page 6, immediate past president Dr. **Mark L. Mazow** outlines CSSB993. This year's legislative session was a challenge, but we were lucky to have ophthalmologists across the state step up to defend patient safety. Many of you contacted your state lawmakers. Drs. **Jane Edmond** (Austin), **Sidney Gicheru** (Dallas), **Victor Gonzalez** (McAllen), **Kelly Green** (Marble Falls), **Sanjiv Kumar** (Uvalde), **Mark Mazow** (Dallas), **Jacob Moore** (Corpus Christi), **John Shore** (Austin), **Michael Simmons** (Dallas), and **Timothy Sipos** (Temple) traveled to the Texas State Capitol to testify on our behalf. **Rachael Reed** (executive director) along with our lobbyists **Jay Propes** and **Curtis Fuelberg** tirelessly helped guide the process. But Dr. **Mark Mazow** deserves full credit for the negotiations that led to this agreed-to bill. I thank him for his hard work and for the tremendous amount of personal time that he devoted away from his practice and family to navigate the legislative session as the Texas Ophthalmological Association's President.

We are now in the rule-making stage of the legislative process for CSSB993. The Texas House and Texas Senate passed the law, and Governor Abbott signed it. Now the state agency, the Texas Optometry Board, has the task of writing and implementing the rules in conjunction with the Texas Medical Board. This summer Drs. **Ronald Fellman** (Dallas, American Glaucoma Society President), **Mark Gallardo** (El Paso), **Davinder Grover** (Dallas), **Steve McKinley** (Austin), **Jacob Moore** (Corpus Christi), and I formed the TOA Glaucoma Task Force to help review drafts of the rules and provide comments on behalf of TOA. The TOA will report to you the details as they become available.

In **GREAT** news, Texas' Prior Authorization Bill HB3459 also passed this legislative session. Two practicing physicians and legislators Representative **Greg Bonnen** (neurosurgeon – Friendswood) and Senator **Dawn Buckingham** (ophthalmologist – Lakeway) authored this bill. As physicians, they had the first-hand knowledge that this will help both physicians and patients.

With this statute, Texas physicians will be able to earn a "gold card" exempting them from the pre-authorization process in state-regulated health plans if they have approvals on at least 90% of their pre-authorizations on a certain service during a six month time period. This is a significant piece of



TOA Annual Meeting

April 29-30, 2022
Houston
(see page 3)

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Coding and Reimbursement

Message from the Chair, TOA Liaison Committee to Third Party Payors and Peer Review Agencies

By John Haley, MD

Coding@TexasEyes.org

As the COVID-19 Delta variant ravages our country and our state, CMS recently released its annual proposed final rule for the 2021 Medicare Fee Schedule and new payment policies. Barring a miracle, there is a strong chance that we will be facing a 9 ¾% cut in Medicare fees. Many of these cuts were scheduled for last year but were delayed due to the COVID epidemic. The 2% Medicare sequester increase to 6% will be resumed and the 3.75% budget neutrality cut from last year that was forgiven last year will be instituted. On top of that, there is no mention of the surgical post op visit codes as the increase in E/M codes was not also given to post op visit codes. So, the proposed Medicare conversion factor is down \$1.31 from \$34.89 to \$33.58 for 2022. And in addition, the AMA's relative value update committee (RUC) has revalued many old and new codes and again, we did not do well.

The pediatric strabismus codes that have not been revalued for many years received a substantial decrease of 7–22%. Why? Same old RUC story that has hit most of our other codes – cataract, retina, glaucoma and now pediatrics. Surveys were sent out and completed by practicing ophthalmologists and RUC valuation according to physician work (time and intensity) and practice expenses were applied. Surgery has just gotten faster and more efficient and is therefore, according to RBRVS, become worthless. We all think this is unfair that we get paid less for increasing efficiency but that is the system. We have very little chance of reversing these cuts without solid evidence that the RUC made a mistake in evaluating our actual surveys.

Further, the glaucoma stent code 0191T (iStent-hydrus) was converted to a Category 1 permanent code combined with cataract. And again, after surveys, the RUC dealt valuation a heavy blow including multiple stents in a single code and allowing about \$70 over cataract surgery. However, for unknown reasons, CMS further lowered the value to about \$35, about the value of the included additional post op office visit. Why did CMS do this? It could be they saw the advertising and did not believe the time surveys or perhaps they felt they had been misled by surgeons and the device companies and had determined falsely high payments for the Category 3-0191T code that at one time paid more than \$900. Who knows? We will probably never know. Will it be reversed? \$35 will not pay to trim a toenail so these seem so unfair, but we will see.

The RUC also revalued the retinal detachment prophylaxis codes as a 10-day GF period. There are more, but let's wait until we have final values before we get real upset.

There are two Medicare LCD policy areas in which I think a positive change is coming soon, please no details until published efficiently on the Novitas website.

Look for changes in the complex cataract (66982) LCD L35091 or articles A58764.

Further, there have been many issues with the new blepharoplasty-ptosis LCD. There are no documentation requirements that allow entropion, ectropion repair. There are many necessary ICD10 diagnosis codes that are not included. We have been working with Novitas CMD to correct these problems and their decisions will be announced soon.

President's Message (continued from page 1)

legislation and will help any doctor who takes state-regulated medical insurance and any patient who has state-regulated medical insurance. It is a beautiful example of how doctors from across the state and across specialties came together and pushed to get a landmark law passed.

Other states' physicians are pointing to this Texas law trying to figure out how to get it passed in their own state. The Texas Ophthalmological Association represented you at the stakeholders' table for negotiations for this, too. This statute is now in the rule-making process with the state agency, the Texas Department of Insurance. The TOA will continue to monitor this as details are released.

Unfortunately for all of us, Dr. **David Shulman** (San Antonio) passed away in August. More details about Dr. Shulman's life of service and accomplishments are in this newsletter. Of note, Dr. Shulman was the TOA Legislative Chair for decades. He helped shepherd through both pieces of legislation discussed earlier. He also founded our EYE-PAC and subsequently chaired it for decades. This summer Dr. **Kelly Green** (Marble Falls) and Dr. **Kristen Hawthorne** (Austin) joined the EYE-PAC committee with the hope to be mentored by Dr. Shulman and to be taught the nuances of EYE-PAC. With Dr. Shulman's passing, the Executive Committee will look into how to best structure EYE-PAC and the Legislative Committee going forward. In the meantime, each of you should be hearing from Dr. Green or Dr. Hawthorne soon regarding EYE-PAC. The only way that TOA has the resources to look out for you and your patients is to have a strong and well-funded political action committee.

We are in the second year of the Covid-19 pandemic's twists and turns. No one knows what is around the corner. However, one thing is certain: The TOA will tirelessly work to protect Texas ophthalmologists' ability to care for patients. If the TOA can be of service to you in this endeavor, please do not hesitate to reach out.



Mark your calendar!

APRIL 29-30, 2022

TOA Annual Meeting
Houston

We intend to hold the 2022 Annual Meeting in conjunction with Texas Medical Association's TexMed. The 2022 business meeting will include the presentation of Distinguished Service Awards, recognition of past officers, and voting on significant bylaws changes.

Questions from the Herd

John Haley, MD and William Plauche, MD answer coding and reimbursement questions from TOA members at coding@texaseyes.org. They volunteer their time to provide this valuable service. They also represent ophthalmology before the Novitas Carrier Advisory Committee.

Question: If a patient has insurance but doesn't want to use it for the exam – i.e. high deductible – and just wants to pay cash for his visit, can we do this? Is the answer the same if it's a government insurance? We do not take Medicaid and have a patient we have been seeing for a long time who has just switched to Medicaid. He wants to continue coming to our office, but we told him we don't take Medicaid. He said he is willing to pay cash for the visit. Can we allow this?

Answer: If you are contracted with a carrier, then you are obligated to follow the carrier's plan and can't negotiate outside the plan. If you don't contract with the carrier then the patient can pay cash, or you can negotiate with the patient.

Question: I would like clarification that as of July 11th, a mature cataract needing Trypan Blue Dye for visualization is no longer considered Complex Cataract Removal 66982. That it should now be coded as Phaco w/IOL 66984. We were unable to find this in the LCD L35091 that we were told it was in. Please advise.

Answer: Look in the September article associated with the new revised LCD. The old rule that allowed dye use on mature cataracts to count as a complex cataract has been reinstated.

Question: A patient with traditional Medicare and an AARP supplement had cataract surgery: OS 01-20-21 (but code was submitted and paid for OD) OD 02-23-21 (but code was submitted and paid for OS)

This type of error is new to my practice. I am glad it came to my attention, and we have implemented some additional checks to prevent this error from happening in the future. How do you suggest I correct this error with the payers (traditional Medicare and AARP)?

Answer: Write a letter to Medicare stating the facts or since there was no fraud or ill intent you could just ignore it as the \$ value is the same. If you do not report it, you do run a small risk in an audit. You did not do the wrong eye, you just miscoded it.

Question: Can Fluorescein Angiogram (92235) and Fundus Photos (92250) tests be billed when performed on same day?

Answer: These two tests can be billed on the same day. The two codes are not bundled by Correct Coding Initiative (CCI).

Question: Are MIPS payment adjustments (both penalties and/or bonuses) applied to Medicare Advantage plan payments?

Answer: No, they are not. MIPS only applies to part B Medicare claims.

Question: If a patient has a vision plan, then we cannot code for an eye code with a medical diagnosis even if they are coming under their medical plan. So, any patient with a vision plan, we need to avoid 92014 and use an E/M code? Is this correct?

How are we able to bill a vision plan by optometrist and a medical plan by ophthalmologist on the same day from the same practice? The ophthalmologist would utilize the E/M code and the OD 92014?

Answer: If a patient comes in for a Vision Plan exam & something medical is found, then the vision plan is billed & patient returns for the medical diagnosis. You can bill their medical insurance even if they have a vision plan as long as the presenting reason for the exam is medical in nature.

Question: When hiring a new optometrist, is he or she automatically “grandfathered in” under the insurance plans we are already credentialed with?

Answer: No, you must separately credential each new provider.

Question: I am getting mixed messages on billing for ORA without astigmatism correction, for example for a post refractive surgery eye. Do you know where I can get some official guidance on that?

Answer: You can’t charge for a refractive procedure without correcting astigmatism regardless of which technology you use to do it. That applies to fento, Ora, Verion, etc.... To answer your specific question, ORA is not separately billable outside a premium IOL package.

MILLION DOLLAR QUESTION:

Is there a requirement to have a “laser safety officer” in my clinic if we are conducting on-site SLT and YAG?

Answer: Yes, the Texas Department of State Health Services’ Radiation Safety Licensing Branch requires registration of class IIIb *and* IV lasers and registration of your facility’s laser safety officer (LSO). The LSO application asks for documentation of educational courses related to laser radiation safety or documentation of experience. For a practice with multiple locations under the same tax ID number, one laser safety officer will suffice.

Full information [here](https://www.dshs.texas.gov/radiation/lasers/registration.aspx): <https://www.dshs.texas.gov/radiation/lasers/registration.aspx> or call the licensing branch at (737) 218-7110.

Question: We have a physician out on maternity leave. Can we use a “Q6” code while they are out for any fill in Dr?

Answer: You must use the locum tenens rules and they are very specific. Search at novitas-solutions.com.

Welcome New Members!

Provisional Members

Douglas T. Ford, MD
Arlington

Fuad Makkou, MD
Austin

Gurpreet Singh, MD
Cypress

Resident Members

Alexandra Papp, MD
San Antonio Uniformed Services
Health Education Consortium

Adam H. H. Altman, MD
The San Antonio Uniformed
Services Health Education
Consortium/
Brooke Army Medical Center

Alexandria L. Chaulk, MD
University of Texas Health Science
Center at Houston

Juliet B. Hartford, MD
Baylor College of Medicine/Cullen
Eye Institute

Michael E. Offutt, MD
University of Texas Health Science
Center at San Antonio

Alexis R. Pascoe, MD
University of Texas Medical Branch
Galveston

Allison C. Stradiotto, MD
University of Texas Health Science
Center at San Antonio

David T. Szynekarski, MD, MBA
University of Texas Medical Branch
Galveston

Margaret Y. Wang French, MD
Baylor College of Medicine/Cullen
Eye Institute

Outgoing President's Message & Legislative Summary

By Mark L. Mazow, MD, 2020-2021 President



Witnesses are pictured with Sen. Donna Campbell, MD.

It was my great honor and privilege to serve as TOA President during this most unusual and hectic year. When the COVID-19 pandemic began just before the start of my term in May 2020, none of us could have conceived that we would still be dealing with its aftermath over a year later. Besides the obvious effects on our personal lives and our practices, it affected our ability to meet in person for Executive Council meetings, Codequest, the TOA annual meeting (twice) and our ability to meet in person with our State Legislators during a critical 2021 Texas Legislative Session. It was quite a challenge, but we all more than met the challenge.

The 2021 legislative session presented many hurdles for us. The headwinds of occupational license reform and scope expansion are strong in many states, not just Texas. Many states have faced stiff scope expansion battles from Optometry, Nursing, PAs and other allied health professionals in the last two years. The format of the legislature this year did not allow for much in-person meeting which limited our ability to effectively make our case. Optometric

scope expansion bills were both sponsored by the relevant committee chairs in the House and Senate and championed by the Lt Governor. Please know that the TOA Executive Council never wavered on its stance against the most dangerous aspects of HB2340/SB993. Thanks to your support and advocacy, we were successful in removing the most dangerous patient safety threats from those bills as follows:

- Surgery in any form.
- Authority to prescribe narcotics.
- Authority to prescribe medications beyond treatment for the eye.
- Unfettered power given to the Texas Optometry Board.
- Completely independent glaucoma management.

Texas' strong definition of surgery has not been breached. It remains a model statute for the country.

Committee Substitute SB993 does the following:

- Expands optometrists' use of only topical and oral medications to treat the eye.
- Allows optometrists to medically manage mild and moderate glaucoma without mandatory co-management with an ophthalmologist.*
- Creates a peer review process for glaucoma complaints brought to the TOB. Each complaint must be initially reviewed by an ophthalmologist, and then brought to a panel of an equal number of ophthalmologists and optometrists which will recommend the disciplinary action to be taken. The optometrist will be held to the same standard of care applicable to an ophthalmologist.
- Additionally, the TOB must notify the Texas Medical Board of the receipt and disposition of complaints and must have a searchable list of therapeutic optometrists whose certificate was suspended or revoked by the board and must maintain publicly available online information about the number of complaints filed with the board regarding the treatment of glaucoma by optometrists.

The peer review process as described above is unprecedented and will provide our patients with protections they have not had in over 20 years. This will be the strongest glaucoma law in the country. Organized optometry has agreed to these provisions, showing their own commitment to patient care.

*I want to point out that there is no allowance for laser treatment of glaucoma – Texas' prohibition of surgery by nonphysicians remains unchanged. Any non-physician performing laser, scalpel or needle surgery in Texas would be subject to discipline, as they are today, by the Attorney General for practicing medicine without a medical license.

The TOA is in good hands with incoming President **Lindsey Harris**. I wish her well and best of luck for a *quiet* year. Thank you again for the honor of serving as your President. Thanks to all of you for a successful year.



Mark L. Mazow, MD



M. Kelly Green, MD



Michael Simmons, MD



TOA at Your Lions Club Meeting

Consider volunteering to speak at your local Lions Club about a medical topic such as diabetic retinopathy or cataract surgery. Rachael Reed, TOA Executive Director, can join you and give a brief presentation on the history of TOA. Email her at exec@TexasEyes.org.

Recently, Ms. Reed was voted in as a director of the Austin Founder Lions Club for a two-year term. She volunteers regularly with the club at Meals on Wheels.

C O D E Quest 2022

Your coding questions can be sent to coding@texaseyes.org

Join the most knowledgeable coding experts in ophthalmology for four hours of professional coding education vital to your success as we emerge from the pandemic.

Codequest™ will bring unparalleled instruction for practices of every size and is the best way to protect your practice from claim denials and audits. Registration is open at www.TexasEyes.org/Codequest.

DATES

**Saturday, January 15
San Marcos**

**Friday, March 25
Lubbock**

**Saturday, March 12
Houston**

**Saturday, March 26
Dallas**

Ophthpac Speaker Series

How often do you get the opportunity to speak with a member of Congress about issues impacting your practice? Here is a monthly opportunity. AAO's Ophthpac is hosting a series of virtual meetings with members of Congress.

Join Ophthpac and then participate in the Q&A session on Wednesday, Sept 29 at 7 pm (central) with ophthalmologist **Rep. Mariannette Miller-Meeks, MD**, R-Iowa. This is a unique opportunity to hear Dr. Miller-Meeks' perspective.

Check your e-news for more information.



Pediatric Update

TOA at Work – Loteprednol to be added as Preferred Drug

TOA partnered with the Texas Pediatric Society and the TMA last month to ask the HHSC's Drug Utilization Review Board to add Lotemax (loteprednol) drops to the Texas Medicaid Preferred Drug List for pediatric patients. The board heard testimony and subsequently recommended that the drug be added as of January, 2022. TOA has formally asked for an earlier implementation date.

Many thanks to **John Bishop, MD** of Corpus Christi for testifying before the board and explaining how these drops are vital to preserving sight.

BEST Program for Uninsured Texans

Did you know that Texas' Health and Human Services Blindness Education, Screening and Treatment (BEST) provides free vision screenings and financial assistance to Texas residents for medically urgent eye treatment with a referral from an ophthalmologist?

To participate in the BEST program, Texans must be recommended by an ophthalmologist, be at least 18 years old, not have insurance or another resource with which to pay for treatment, and not be legally blind.

If a person is eligible, they can receive funding for treatment or surgery for conditions that could lead to blindness, such as diabetic retinopathy, retinal detachment and glaucoma. If a person doesn't financially qualify for the program, the BEST program will provide other resources.

Learn more about the BEST program by visiting the website hhs.texas.gov/BEST or call 512- 438-2447.



TOA Job Board

The new TOA job board is the perfect place to look for ophthalmic personnel or partners, and sell/buy equipment, and more.

www.texaseyes.org/job-board

TOA Annual Meeting & Change of Officers

The TOA 2021 meeting was canceled due to the global pandemic.

Lindsey D. Harris, MD of Houston was installed as the 65th President of the TOA on Saturday, May 15 by automatic progression. Dr. Harris has served on the TOA Executive Council since 2015. Dr. Harris is a retina specialist and is a strong advocate for patient safety.

The annual ritual of handing over the presidential gavel from the outgoing administration to the next was sidetracked again this year, as was the annual business meeting. Regarding elections, the Executive Council relied on a provision within the Texas Business Organizations Code, chapter 6 to remotely vote in new members of the EC (uncontested seats only.) Via an online vote, the majority of TOA members authorized the remote election. The slate of nominees was subsequently approved as presented by the Nominating Committee:

OFFICERS

President: Lindsey D. Harris, MD (*automatic progression*)

President-Elect: Jacob Moore, MD (*new office*)

Secretary: H. Miller Richert, MD (*re-election*)

Treasurer: Robert Gross, MD, MBA (*new office*)

Past President: Mark L. Mazow, MD (*automatic*)

COUNCILORS

Ann Ranelle, DO

Ximena De Sabra, MD

Steven McKinley, MD

Charlotte Akor, MD

Ryan Rush, MD

Zev Shulkin, MD

Marie Bui, MD

Davinder Grover, MD, MPH

Kevin Kerr, MD, (*new to EC*)

AAO COUNCILORS

Chevy Lee, MD

Robert Gross, MD, MBA

Sidney K. Gicheru, MD

AAO ALTERNATE COUNCILORS

Rajiv Rugwani, MD

Sanjiv Kumar, MD

Mark Gallardo, MD (*new office*)

TMA INTERSPECIALTY SOCIETY COMMITTEE

Delegate and Committee Chair: Jack W. Pierce, MD

Alternate Delegate: Sashi Alloju, MD

KUDOS!

The AAO Board of Trustees announced recipients of the 2021 Achievement Award for their contributions made to the Academy, its scientific and educational programs and to ophthalmology.

Senior Achievement Award Recipient

Victor H. Gonzalez, MD, McAllen

Achievement Award Recipients

Mark L. Mazow, MD, Dallas

Michelle R. Butler, MD, Dallas

Mohamed A. Hussein, MD, Houston

Karanjit S. Kooner, MD, Dallas

Venkateswara V. Mootha, MD, Dallas

TOA MEMBERS AS LEADERS

The TMA House of Delegates met this past May remotely. Ophthalmologists continue to play an important role in the House of Medicine at the local, state, and national levels. Within the Texas Medical Association, many TOA members serve in leadership roles. It is remarkable for such a small specialty to be so visible within the House of Medicine. Here is a listing of those members serving within the TMA:

Officer:

Secretary/Treasurer: Michelle A. Berger, MD

Board of Trustees:

Keith A. Bourgeois, MD, member-at-large

Council on Practice Management Services:

Johnathan Warminski, MD and Aaleya Koreishi, MD, members

Texas Delegation to the AMA:

Lyle Thorstenson, MD, delegate;
Michelle A. Berger, MD, Texas delegation vice chair

Interspecialty Society Committee:

Jack W. Pierce, MD, committee chair;
Shashi Alloju MD, alternate delegate

TMA Past President:

Alan C. Baum, MD (2000)

Young Physician Section:

Colleen C. Yard, MD, delegate

TMA House of Delegates:

Audrey E. Ahuero, MD; Charlotte M. Akor, MD;
Michelle A. Berger, MD; Shashi K. Dharma, MD;
Lindsey D. Harris, MD; Craig King, MD;
Jack W. Pierce, MD; Ann E. Ranelle, DO;
Rosa A. Tang, MD, MPH, MBA; and
Johnathan D. Warminski, MD.

TMA House of Delegates (ex-officio):

Alan C. Baum, MD; Michelle A. Berger, MD; and
Keith A. Bourgeois.

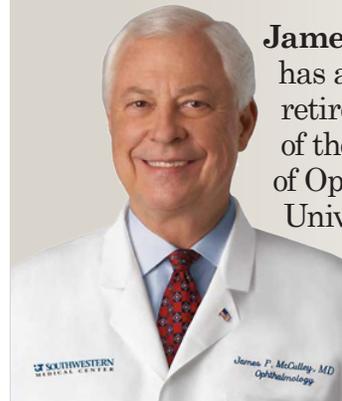
TMA House of Delegates (Alternate Delegates):

John T. Dugan, II, MD; Jacob J. Moore, MD;
H. Miller Richert, MD; and Adam L. Spengler, MD.

Members in the News

Congratulations to **Dr. Sidney Gicheru** who won the election for Section Representative to the AAO Nominating Committee for 2022. Dr. Gicheru continues to serve the Council as Deputy Section Leader for Council Advisory Recommendations. He is also a Regional Advisor for the AAO State Affairs Secretariat and Chair of the AAO Communications Advisory Committee.

Texas Senator Dawn Buckingham, MD announced that she will run for the position of Land Commissioner in Texas' 2022 election. Senator Buckingham is a TOA past president and a strong champion for patient safety. She has represented Senate District 24 (Central Texas area) since 2016. She will have to give up her senate seat in order to run for this statewide office. If successful, she will be Texas' first female Land Commissioner.



James McCulley, MD,

has announced his retirement as Chair of the Department of Ophthalmology at University of Texas

Southwestern in Dallas after forty years.

Dr. McCulley retains his

Professor Emeritus of Ophthalmology position and continues to see patients. He joined the UTSW faculty in 1980 and became Chair in 1981, treating countless patients and training countless physicians in our state. Dr. McCulley has been a staunch supporter of TOA, serving on the Education Committee, supporting Codequest and encouraging residents and fellows to advocate for their patients. Dr. McCulley received TOA's highest honor, the Distinguished Service Award in 2016. He is a true giant in ophthalmology.

In Memory of **David G. Shulman, MD** **1943 - 2021**



Ophthalmology has lost a treasured friend and a true champion with the passing of David G. Shulman, MD, of San Antonio. Dr. Shulman was so active and devoted to his community that a full catalog of contributions would be impossible to list. Below are just some of his contributions to medicine and to patients.

Dr. Shulman graduated from Creighton University School of Medicine in Omaha in 1973 and completed his internship and three-year residency in ophthalmology at Scott and White Clinic in Temple, Texas. He practiced in the San Antonio area for over 40 years. He served as a clinical professor of ophthalmology at the University of Texas Health Science Center, San Antonio.

Many of our colleagues will recall seeing him at Friday morning rounds, always a source of wisdom and reason to young ophthalmologists.

Dr. Shulman was a natural leader when it came to organized medicine. He joined Texas Ophthalmological Association (TOA) in 1978 and was soon recognized as a rising star. He served in

almost every leadership role and then as President in 1993. During his tenure, TOA experienced such growth that it was able to achieve independence from Texas Medical Association management and from being in a combined specialty with otolaryngology.

In 1998, he was one of the earliest recipients of TOA's highest honor, the Distinguished Service Award, a peer recognition award given to those who have exhibited a lifelong dedication to ophthalmology patients and to the profession. At the time, it was unusual for TOA to give this award to someone at the mid-point of his career as opposed to the twilight, but Dr. Shulman's many accomplishments made him the obvious pick that year.

Dr. Shulman was also deeply respected by the greater San Antonio's medical community. He was President of the San Antonio Society of Ophthalmology in 1997. He was President of the Bexar County Medical Society in 1995, President of its Foundation in 2003, and a member of its Medical-Legal Liaison Committee. Just last year, Bexar County Medical Society presented him with its Golden Aesculapius Award.

His service did not stop at the statewide level. Dr. Shulman sat on the Board of Trustees of the American Academy of Ophthalmology (AAO) from 2000-2003 via his role on the Council. He served as an AAO Councilor for Texas 1995-1999, then as Council Vice Chair 2000-2001, and as Council Chair 2002-2003. He served as a Regional Member of the Secretariat for State Affairs 1997 – 1999, serving as a liaison on legislative and organizational issues to the state ophthalmology societies in Texas, Oklahoma, Arkansas and Louisiana. He was later elevated to the role of Associate Secretary for State Affairs in 2000. He served on the OPHTHPAC Committee, the EyeCare America State Societies Advisory Committee, the Awards Committee, and the Task



Force on State Society Relations. He received the Academy's Senior Achievement Award in 2011. At the AAO 2013 Council meeting in New Orleans, the AAO Secretariat for State Affairs surprised Dr. Shulman and presented him with the Hall of Fame Award, which is given annually to one recipient whose lifelong patient advocacy demonstrates a commitment to public policies supporting quality medical and surgical eye care in their home state.

But perhaps Dr. Shulman's most remarkable contribution to Texas ophthalmologists was his tireless advocacy for patient safety via EYE-PAC. He was the founding chair of TOA's EYE-PAC and served as chair since its inception in 1991. EYE-PAC has supported hundreds of successful candidates in Texas over the years. Dr. Shulman led EYE-PAC into battles when there were not many soldiers on the side of defending the quality and standards of eye care. He helped make underdogs victorious and naysayers declare that they were "with the eye docs all along!" For numerous senators and representatives in Texas, Dr. Shulman will always be "their ophthalmologist," even if they never come to San Antonio. Many of our state lawmakers knew and trusted Dr. Shulman; they called upon him for valued counsel when it came to the complex issues surrounding medicine.

EYE-PAC remains the largest state ophthalmological political action committee in the United States. Our records show that Dr. Shulman contributed to EYE-PAC on a monthly basis during all of these years. He spent many

hours "walking the halls" in Texas and DC – it was rare not to see Dr. Shulman leading a group of white coats at the TMA First Tuesday Lobby Days and AAO Congressional Advocacy Days.

Dr. Shulman always understood the need to support young physicians and to cultivate future leaders. Most of you probably don't know that he personally paid travel costs for residents to attend Congressional Advocacy Days in Washington DC

before the Advocacy Ambassador Program was formed. Dr. Shulman founded and personally funded the Barry Uhr, MD, Memorial Prize in Comprehensive Ophthalmology. This fund continues to support resident travel to the TOA Annual Meeting each year and underwrites the resident competition.

Our colleague Sidney Gicheru, MD, summed up the collective sentiment well: "David will be sorely missed. He was a tireless advocate for patients and Ophthalmology in Texas and nationally. Whether on conference calls or in Austin lobbying, he was ever present. He was a great friend and mentor to many, myself included. He was humble and understated, though he was a giant amongst Texas Ophthalmologists. Many did not know the breadth of his accomplishments and of his kind deeds. This is a huge loss for his family and for Texas."

Dr. Shulman was married to Becky Shulman for over 40 years. They have two grown children, Lucia and Birge. Lucia Shulman Redmond and her husband Dr. James Redmond have three children, Thomas, Rebekah, and Ava. Birge Shulman is married to Julia Webster Shulman. They have one child, Kathryn.

Dr. Shulman was buried in a private ceremony in the Hill Country. The family hopes to host a memorial service later this fall for his many friends.

An incredible man, a mentor, a friend. We must all be thankful that Dr. Shulman's time on this earth overlapped with our own, and that he was willing to train and encourage us right here in Texas.



Proud to be an Eye Physician

An Interview with Debbie Shetlar, MD

Ophthalmology is one of the best specialties in medicine. Our members tend to be leaders in their communities and life-long learners with diverse interests.

Dr. Shetlar is an associate professor in the Departments of Ophthalmology and Pathology at Baylor College of Medicine in Houston. She is the 2020-2022 president of the American Association of Ophthalmic Oncologists and Pathologists.

You have been a staff physician at the Michael E. DeBakey VA Medical Center in Houston since 2007. What is the most rewarding part of working in the VA?

The most rewarding aspect of working in the VA system is that one's energy can be focused almost exclusively on caring for our veteran patients. As physicians at the VA, we rarely have to deal with issues like preauthorization or worrying about overhead or collections. If a physician deems a certain treatment appropriate, in most cases, the patient's care can proceed expeditiously. The veterans are a wonderful group, and truly are heroes. They are very appreciative of the care they receive at the VA, and frequently express this to us personally.

What inspired you to specialize in oncology/pathology/oculoplastics in addition to Ophthalmology?

I had wonderful mentors who took an interest in me and inspired me by their example. For instance, the ophthalmic pathologist at our program was an inspiring woman who demonstrated the highest level of expertise and professionalism. I still feel the deepest appreciation to these individuals and strive to approach the high standards that they established.

You served on the American Board of Ophthalmology (ABO) for 8 years. What motivated you to serve your profession in this manner?

I finished two terms as an ABO director and rotated off the Board at the end of 2020. Prior to being invited to join the Board, I had been quite active in volunteer Board activities such as item writing, content outlines, and serving as an oral examiner. At the time that I joined the Board, I was very familiar with the level of dedication of those who contribute their time to the ABO. I feel that the leadership of the Board always strives to promote the highest standards for Ophthalmologists. There have always been areas of controversy, for example, the process of modifying Maintenance of Certification (MOC) process over the past several years. As Board directors, we always listened intently to input from our ABO diplomates to learn ways in which the MOC could be improved. When the COVID-19 pandemic struck last year, the Board moved quickly to establish a remote platform to administer the oral examination. I think the candidates were deeply appreciative of this effort as it allowed them to proceed with achieving Board certification without a markedly protracted delay. Serving on the Board was one of the most rewarding things I have done professionally, and I would strongly encourage any interested Ophthalmologist to become involved with the Board if they are not already.

What advice do you have for a brand-new ophthalmologist?

I think it is critical to have a realistic idea of what a career in Ophthalmology entails. There will always be less than scintillating aspects to any “job.” The main thing is to identify those activities that really provide a sense of personal satisfaction. These things will vary from person to person; keep your eye on these things and seek them out as you make career choices.

What was your very first job?

Other than babysitting, my first real job was working in a research lab cleaning glassware (i.e., dishwasher). It was the lowest rung of the pecking order in the lab, but I will always remember how kind all the senior people were to me. It made a lasting impression on me.

What do you enjoy doing when you're not at work?

I am an avid runner; over the years I have completed several marathons, including three Boston marathons. Now I am limited to 10-mile races and half-marathons, but the joy of running remains. I also enjoy swimming, biking, and playing golf.

If it couldn't be Ophthalmology, what would your dream career be?

I think I would have loved being a music director / editor for films and television shows. I enjoy paying special attention to a film's soundtrack and noting how the music augments the action or drama. I usually insist on sitting through all the credits at the end of a film to see the titles of the music and songs that were used. In my adolescence, I dreamed of having a career in music. As I have learned over the years, this is a common area of overlap for physicians in general.

TOA Advocacy Ambassadors

Congratulations and thanks to the residents and fellows who represented Texas at this year's AAO Congressional Advocacy Day on May 5. They were among the 180 AAO members who met virtually with representatives in Congress or their staff to discuss the Medicare payment challenges facing physician practices, relief from prior authorization burdens and the importance of vision research funding.

In addition, these young ophthalmologists joined the Academy's Young Ophthalmologist Committee and Secretariat for State Affairs' highly interactive and engaging virtual L.E.A.P. Forward session on May 20. The program covered topics pertaining to leadership, engagement, advocacy and practice management. **Sidney Gicheru, MD**, served as a presenter.

We hope that these ambassadors will be able to participate again in April 2022 when the program returns in person to Washington DC.

Adam H. H. Altman, MD, The San Antonio Uniformed Services Health Education Consortium/ Brooke Army Medical Center

Alexandria L. Chaulk, MD, University of Texas Health Science Center at Houston

Juliet B. Hartford, MD, Baylor College of Medicine/ Cullen Eye Institute

Michael E. Offutt, MD, University of Texas Health Science Center at San Antonio

Alexis R. Pascoe, MD, University of Texas Medical Branch - Galveston

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