

# TABLE ROCK REGIONAL ROUNDUP



SEPTEMBER 19-21, 2019 | BIG CEDAR LODGE | RIDGEDALE, MISSOURI

JOINT VENTURE OF ARKANSAS OPHTHALMOLOGICAL SOCIETY, INDIANA ACADEMY OF OPHTHALMOLOGY (CME PROVIDER), KANSAS SOCIETY OF EYE PHYSICIANS & SURGEONS, MISSOURI SOCIETY OF EYE PHYSICIANS & SURGEONS AND OKLAHOMA ACADEMY OF OPHTHALMOLOGY

## CONTINUING MEDICAL EDUCATION

**Target Audience** – This activity has been to meet the educational needs of practicing ophthalmologists who are engaged in the diagnosis and treatment of eye diseases.

Participants are asked to complete the enclosed form indicating attendance at each session. CME claimants have to claim only those topics that are relevant to them/that they attended, and then add up their claimed CME up to the maximum. A certificate of completion will be provided to all activity participants based on documentation of actual attendance, meeting minimum attendance requirements specific to the activity, and payment in full.

**Designation Statement** – The Indiana Academy of Ophthalmology (IAO) designates this program for a maximum of 9.25 hours *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**CME Accreditation Statement for Physicians** – This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the IAO and the Table Rock Regional Roundup. The IAO is accredited by the Indiana State Medical Association to provide continuing medical education for physicians. **Note** – While offering the CME credit hours listed in these pages, these activities are not intended to provide extensive training in a field.

**Disclosure** – In accordance with the ACCME Standards for Commercial Support, educational programs sponsored by the IAO must demonstrate balance, independence, objectivity and scientific rigor. Prior to the activity, all faculty, authors, editors and planning committee members participating in an IAO-sponsored activity are required to disclose to attendees any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

**The following presenters do not have any conflicts to disclose:**

- Andrew K. Bailey, MD
- Laurie Barber, MD
- Kenneth Goins, MD
- Travis Kimple, MD
- Valerie Lobodiak, MD
- Gerta Mane, MD
- R. Grant Morshedi, MD
- Paul H. Phillips, MD
- Michelle Pineda
- Riley Sanders, MD
- Bradley T. Smith, MD
- Sue Vicchilli, COT, OCS, OCSR
- George A. Williams, MD

(continued)

**The following presenters have disclosed the below conflicts:**

- Blake Cooper, MD - Consultant for Regeneron; Speaker's Bureau for Novo Nordisk; Honoraria from American Diabetes Association and American Association of Clinical Endocrinologists.
- Peter Lloyd Hildebrand, MD – Consultant for IBM Watson Imaging Collaborative, Inoveon Corporation, Himalayan Cataract Project; Principal Investigator/working directly for Himalayan Cataract Project; Stock/Shareholder in Trinoveon Corporation; Full-time/part-time Employee Owner of Union Square Eye Care.

**The following presenter has disclosed the following on Off-Label and/or Investigational Uses:**

- Blake Cooper, MD – Discuss an off-label/investigative use(s) of the following commercial product(s)/device(s): intravitreal injections of Avastin.

**The following moderator does not have any conflicts to disclose:**

- Kellye McElroy Smith, MD

**The following members of the planning committee do not have any conflicts to disclose:**

- Jill Hancock
- Laura Hawkins
- R. Scott Lowery, MD
- Richard Paul

**Learning Objectives – At the completion of this activity participants should be able to:**

1. Become familiar with the unique qualities of MMA that are potentially responsible for ocular injury;
2. Know pertinent ocular complications associated with MMA based on the limited literature that currently exists;
3. Introduce an evidence-based protocol to reduce post-anesthesia corneal abrasions and investigate possible risk factors for increased chance of post-anesthesia corneal abrasion;
4. Examine vision and eye disease in relation to the arts;
5. Evaluate efficacy and analyze costs of corneal protection protocol in a large hospital setting;
6. Describe and identify the levels of diabetic retinopathy and have a better understanding of the current management of advanced diabetic eye disease;
7. Understand landmark clinical trials and the role of eye care professionals in the treatment of a patient with diabetes;
8. Understand the Academy's advocacy efforts and their impact at the state and federal levels in support of advancing the profession of ophthalmology, patient care and safety;
9. Understand the definitions of AI, Machine Learning and Deep Learning and demonstrate examples of AI in ophthalmology;
10. Learn the components required to develop AI solutions;
11. Understand new glaucoma medical treatments and modern indications for glaucoma surgical intervention;
12. Identify differences in newest available glaucoma surgical treatments;
- 13.. Understand advocacy efforts on a proposed initiative and its impact for patient safety;
14. Indicate use for confocal microscopy;
15. Interpret normal corneal confocal microscopy;
16. Identify the nine indications when an Eye visit code should not be submitted;
17. Understand key components of each level to assure documentation meets the mark every time;
18. Prepare to implement future changes to E/M documentation;
19. Outline the principles of minimalistic surgery techniques;
20. Demonstrate oculoplastic examples of minimalistic techniques in eyelid and lacrimal surgery;
21. Increase awareness utilizing cases that are often confused with AMD;
22. Understand how multimodal imaging increases diagnostic accuracy;
23. Review Ab-interno canaloplasty (ABiC) procedure and indications and discuss short and long-term outcomes of ABiC;
24. Review outcomes on ABiC safety and efficacy of trainees and attendings;
25. Recognize varied presentations of neuro-ophthalmic disease in children;
26. Understand core competencies in documentation and claim submission and implement check lists to assure documentation and claim submission accuracy;
27. Identify and improve areas of vulnerability;
28. Evaluate patient candidacy for elective procedures; and
29. Manage unrealistic expectations of surgical goals.