

## Richard Paul

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**From:** AAO (Gail Schmidt) <GailSchmidt@xmr3.com>  
**Sent:** Monday, March 16, 2020 7:00 PM  
**To:** rich@RichardPaulAssociates.com  
**Subject:** Academy Update on Coronavirus

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To: Society Presidents and Councilors  
cc: Society EVPs/Executive Directors

Dear colleagues:

The events of the past several weeks have been trying for all of us. I just wanted to bring you up to speed on what's happened this past week and weekend to ophthalmology and the Academy relative to COVID-19. Here's some of the things going on:

- Most hospitals are moving to shut down elective procedures for a minimum of three weeks - some as long as 6 weeks. Many ASCs are doing so as well - principally to protect patients and staff to preserve scarce supplies so that they can be used where they are needed most.
- Most ophthalmologists are screening patients before they reach the waiting rooms, decompressing their schedules, postponing or canceling purely elective visits (e.g. semi-annual glaucoma checks or routine diabetic retinopathy checks), and/or having patients wait outside their office before being called in by cell phone.
- In the hardest hit cities (Seattle, Boston, and parts of Westchester county, NY most notably) with the greatest community-acquired disease, the situation is more dire. There are acute shortages of simple and necessary things like gowns and masks. The virus is (as it has in other countries) taking a big toll on healthcare providers - particularly physicians and nurses. In addition to developing COVID-19 themselves, healthcare providers are dealing with the stress and even panic present throughout their population.
- Most residencies have canceled resident clinics, lectures, and Grand Rounds - not wanting to put all their residents in the same place at the same time and risk them infecting each other. A few institutions have raised the possibility of diverting some specialty residents to ER and triage duties as needed.
- Many private practicing and academic ophthalmologists are predicting 30-40% drops in clinical revenue for months to come. And they recognize that many other Americans are worse off.
- A number of our members (particularly in urban academic departments) have already tested positive for the virus.

- The Academy itself converted to "voluntary telecommuting" early this past week. We went from 180 staff in the San Francisco office on Tuesday to 67 on Friday and today, the San Francisco Mayor directed Bay Area residents to "shelter in place" effective COB today. Our DC office will also be on remote work. Systems have been put in place to handle member needs and continue communications, working - but remotely. They recognize that our members don't have the same opportunity.
- The Academy canceled Mid-Year Forum 2020, all face-to-face committee meetings in the near future and postponed the [Ophthalmic Business Summit](#) to later this year. For the latest on Codequest scheduling, please visit [codequest@aao.org](mailto:codequest@aao.org).
- COVID-19 will obviously have a material impact on the Academy operations and finances. I anticipate that we will need to tap into reserves. We will do what needs to be done. The Academy is a resilient organization served by a dedicated group of volunteer members and staff.
- The Academy has developed a great resource for members that I'd urge you to visit: [www.aao.org/coronavirus](http://www.aao.org/coronavirus). It does not require a log-in, is available to anyone, and is getting north of 50,000 visitors a day. This site is updated daily - and sometimes multiple times a day reflecting incredible dedication by staff and volunteers. You'll note that it has some COVID-specific 'policy statements' on it - such as about scheduling of cases. These take into account the input of our COVID-19 expert team (Drs. James Chodosh, Gary Holland and Steven Yeh - and others as necessary). For example, I've received multiple emails from the American College of Surgeons that our statement on elective case scheduling issued Mar. 14th (and visible on the site) is already being used to develop institutional policies.
- The [Academy's coronavirus resource page](#) also contains practical tips, tools, and resources to help members deal with some of the office operational issues raised by COVID-19 that have been contributed by members.

Hope you find this of some value. If there are any issues I haven't covered, please let me know. Also, please feel free to share this message. Most importantly, I hope that you, your families and your colleagues and friends stay well.

Best,

David W. Parke II, MD  
Academy CEO

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Medical Professionals



Public and Patients



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