OPHTHALMIC HOSPITALIST INTEREST GROUP

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OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Join the Community!

Have a question or topic about inpatient/ER consults? Share on the AAO/OHIG community! Log in with your AAO username

OHIG Topic Wishlist

Have a case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

AAO Webinar: On Call Coverage and Liability

Save the date for the **AAO's Call Confidence Initiative** with OMIC via an upcoming webinar on **March 25 @ 5:30pm PST/ 8:30pm EST** with Dr. Craig Czyz and Dr. Ron Pelton.

Registration Link

OHIG Website Resource Center

Check out prior newsletters, job postings, and consult resources on the OHIG website.

Finances on Consults

Articles

AAO President Statement: Covering the ER Can Be Rewarding, 2026

Perspectives from AAO's new president Christopher Rapuano about ophthalmology call coverage for the hospital/ED.

Physician On-Call Compensation: The Unpaid Labor Driving Burnout, KevinMD.com, 2026

Personal perspectives on on-call compensation from an internist.

The Economics of Telemedicine For Vitreoretinal Diseases, Current Opinion in Ophthalmology, 2011

Cost-effective screening for diabetic retinopathy and ROP via Telemedicine. Could similar financial strategies be applied to ED consults?

PEARLS

Ophthalmic Hospitalist Positions
Have an open ophthalmic hospitalist position you want to advertise? Looking for a position? Here are websites to assist with your recruitment/hiring process.

AMERICAN ACADEMY OF OPHTHALMOLOGY
Ophthalmology Job Center
Find The Right Fit Fast

AAO Job Center

OPHTHALMIC HOSPITALIST INTEREST GROUP
Hospitalist Position Openings

OHIG Website

AUPO
ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY
Open Positions

AUPO

Buckhead FMV

HEALTHCARE VALUATION SERVICES

Yearly financial reports for healthcare services including ophthalmology call coverage compensation.

BFMV

CONSULT ROUNDS

This month's consult rounds features an interview Q&A with **academic ophthalmology departmental chairs** who share their perspectives on ophthalmic hospitalist recruitment and funding. We are grateful for their vision, expertise, and ability to think outside the box.

Andreas K. Lauer, MD
Margaret Thiele Petti and August Petti Chair of Ophthalmology
Director, Casey Eye Institute
Oregon Health and Science University
Portland, OR

Q1: What benefits have you noted for the department as a result of having an ophthalmic hospitalist (faculty specifically dedicated to staffing consults on a regular basis outside of occasional on-call responsibilities)?

Lauer: A dedicated ophthalmic hospitalist service provides numerous systemic advantages. In general, when people are dedicated to the inpatient services, they become more familiar with their colleagues, consultants, hospital resources and can get things done more efficiently if interpersonal communication is patient focused, constructive and civil; and people feel accountable to one another as the need to work with each other is long term.

- Improved ophthalmic expertise for high-level and complex patient care for conditions such as endogenous endophthalmitis, orbital cellulitis, Stevens-Johnson Syndrome, complications of cancer care and its treatments, multi-system conditions.
- Improved patient safety and interdepartmental communication and coordination. Safety can be achieved by continuity, consistency, and a reduction in hand-off to a constantly rotating group of physicians. Dedicating time for most consultations during business hours allows for more ready access to consultants, resources compared consults being done after business hours when folks just want to get home or otherwise affected by fatigue.
- Enhanced resident education: Instead of residents managing consults in isolation with a distracted attending, the hospitalist provides real-time, bedside teaching. This improves the quality of clinical and/or surgical decision-making.
- Consultation efficiency and better hospital throughput: Patients need not wait as long if a consultant is available during the day. Waiting for consultants until the end of the day for a non-urgent consult delays patient hospital stays.
- Building trust: Having a consistent service for the ED and the hospital builds trust and improves inter-departmental communication.

Q2: How are ophthalmic hospitalist/consult positions supported or funded at your institution?

Lauer: Any collected professional fee from inpatient consultations by the consultant goes to support the specific physician. Since the wRVU generation for this work is invariably low, at our eye institute, the positions are supported by a portion of the overall clinical revenue generated by the department. Therefore, the clinical activity of others subsidizes the service. The benefit to the other faculty includes more timely and reliable clinical care, outstanding service and citizenship toward the hospital, dedicated supervision of trainees, and allowing clinicians in the ambulatory clinics to function efficiently.

If our department were to provide such service at another hospital, we would create a service agreement where the partner hospital would support the service. For us, the money for the eye institute and hospital are one in the same and internal agreements are no longer.

Q3: What advice would you give other institutions who seek to employ faculty ophthalmic hospitalists?

Lauer: Do it. Size of the department and the consult volume will impact how the service should be staffed. Since inpatient work is taxing mentally and physically due to complexity and gravity of medical and psychosocial situations, it is best if folks provide this service part-time and have responsibility in another subspecialty.

Peter Netland, MD, PhD
Professor and Chair of Ophthalmology
Eastern Virginia Medical School (EVMS)
Norfolk, VA

Q1: What benefits have you noted for the department as a result of having an ophthalmic hospitalist (faculty specifically dedicated to staffing consults on a regular basis outside of occasional on-call responsibilities)?

Netland: Benefits for the department include improvement of continuity and quality of care, as well as benefits for educational mission and the finances of the department. Other faculty may have different priorities and may not be as motivated to provide this care. The hospitalist potentially provides more focused attention to the needs of the hospital/health system, and better continuity of care in the view of other physicians on the hospital staff. In general, the hospitalist can provide more effective and efficient delivery of care to the hospital and better educational support for trainees in the hospital environment. In addition to the positive financial impact these benefits can have for the department, there is improved potential for funds flow from the hospital system/health system.

Q2: How are ophthalmic hospitalist/consult positions supported or funded at your institution?

Netland: Revenue sources include the revenue from the hospital inpatient consults and emergency room consults, which are supported by different CPT codes. In addition, there is revenue from clinical activities associated with hospital and ER consults, including laser and incisional surgery. Various supplements from the hospital/health system can be very helpful, including 'medical director' or other administrative roles, education support, and funds flow when mutually beneficial key performance indicators (KPIs) can be identified. In addition, depending on the hospitalist, additional clinical activity in outpatient clinics and surgery can be considered.

Although financial models vary across institutions and individuals, a successful model often can be developed. In general, it is easier to develop a successful model in a large hospital system (more beds) due to volume. Health systems with free-standing children's hospitals may provide additional opportunities for funds flow. Also, it is easier to develop a successful model when hospital systems are level 1 or 2 trauma centers due to requirements for coverage.

Q3: What advice would you give other institutions who seek to employ faculty ophthalmic hospitalists?

Netland: My advice would be to carefully consider adding ophthalmic hospitalist faculty. This can be a win, win, win, win for the other faculty, the patients, the department, and the hospital system.

Russell N. Van Gelder, MD, PhD
Boyd K. Bucey Memorial Professor and Chair of Ophthalmology
Director, Roger and Angie Karalis Johnson Retina Center
Director, UW Vision Science Center
University of Washington
Seattle, WA

Q1: What benefits have you noted for the department as a result of having an ophthalmic hospitalist (faculty specifically dedicated to staffing consults on a regular basis outside of occasional on-call responsibilities)?

Van Gelder: Much better continuity of care; better teaching for the residents; better satisfaction from our other hospital services.

Q2: How are ophthalmic hospitalist/consult positions supported or funded at your institution?

Van Gelder: Yes, we receive partial FTE support from the hospitals for these positions.

Q3: What advice would you give other institutions who seek to employ faculty ophthalmic hospitalists?

Van Gelder: Enlist your fellow departments to support you with the hospitals; ensure your faculty follow through on their obligations.

We wish to sincerely thank Dr. Andy Lauer, Dr. Peter Netland, and Dr. Russ Van Gelder for taking the time to share their invaluable perspectives on departmental ophthalmic hospitalists.

OHIG Survey Questions: Consult Finances

Survey Question #1:
How are consult positions funded at your institution? Select all that apply:
A) Salary
B) Fee for Service
C) Combination of salary and fee for service
D) Financial incentives or annual bonuses
E) Hospital funded
F) Departmental funded
G) Other: please list below

Survey Question #2:
Do you have dedicated funding for consult related expenses? Select all that apply.
A) Yes, funding to purchase/replace/repair consult equipment
B) Yes, funding for consult medications/supplies (eye drops, sutures, surgical instruments, etc)
C) Yes, funding for consult research
D) Funding covered by the hospital
E) Funding covered by the department
F) No, we do not have dedicated consult funding for these items
G) Other

Please share your responses/questions on the AAO/OHIG community page: https://aao.mobilize.io/main/groups/47315/lounge

OHIG Society Survey Results

Thank you for all your responses for our recent OHIG survey question asking:

How do you feel about an OHIG transition into a formal Ophthalmic Hospitalist Society?

Potential benefits include increased recognition as a unique ophthalmic sub-specialty, AAO Council representation which requires non-profit status, consult policy development, annual ophthalmic hospitalist meetings, etc.

Funding sources would include annual membership dues to help meet financial and administrative needs. This fee could be potentially covered by hospitals or departments which require ophthalmology consult coverage to meet level I trauma or major referral designations.

A) Favor
B) Do not favor
C) Other: comment below

Survey Results: Overall, there appears to be very strong interest in becoming a Ophthalmic Hospitalist Society. This was conveyed via our survey results and comments from our recent OHIG Zoom meeting. Thank you to those of you who could attend and share your insight.

We will look more into this process thank you!