Development of a New Clinical Training Model

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Background

Since the 1970's, optometry has been in a state of metamorphosis with the introduction of pharmaceuticals and advanced clinical procedures. Optometric clinical education likewise has evolved in response to the expanded patient management and treatment responsibilities of optometric practice. However, the traditional clinical training model and terminology is not consistent with the current functional reality and presents obstacles to inclusion in and compliance with major federal programs.

The profession of optometry has benefited from inclusion in the federal program Medicare by being classified in medical terminology as physicians and are treated on a par with other physicians (MD, DO, DMD, DPM) regarding payment for patient services. Optometric education, however, does not conform to medical terminology nor the medical training model. Federal agencies administer health care and health education programs based on the medical model and terminology. While optometry is included in the Health Professions Student Loan programs, it is excluded from numerous special Federal Health Professions Education Programs sponsored by the Health Resources and Services Administration (HRSA) and from the Graduate Medical Education (GME) program, the educational component of Medicare. The Federal Government appropriates billions of dollars per year for the programs, but optometry is not eligible for these funds while all other health professions participate in these programs.

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The premise behind why GME payments are made to financially support clinical training of physicians, dentists and podiatrists is that clinical training is inherently inefficient. All clinical training for optometry students, however, must take place in the four-year curriculum and not in postgraduate residency programs since the graduate must be prepared to enter practice after graduation. The financial burden for the inherent inefficiencies in clinical training is placed upon the optometry student in the form of higher tuition. Inclusion of optometry in GME would provide additional revenue to optometric clinical facilities to partially offset the cost of these inefficiencies.

Medicare bases its regulations on the medical teaching model. Optometry's traditional teaching model and terminology is not analogous to the medical model. However, functionally optometry's model is consistent in several important aspects with the medical model. Current Medicare regulations regarding student supervision significantly impede optometry students from acquiring patient evaluation and management skills, since regulations do not permit third and fourth year optometry students to contribute to billable services. Medical interns, residents and fellows, however, can contribute to billable services and have ample opportunity to acquire patient evaluation and management skills without significantly affecting the efficient provision of health care.

Realignment of the traditional optometric clinical training model and terminology is necessary to facilitate inclusion in and compliance with major federal programs and to reflect the current functional reality.

Objectives of a New Clinical Training Model

The main objective of a new model and terminology would be to position optometry to be consistent with current Federal law and regulations pertaining to eligibility for GME, National Health Service Corps (NHSC), and Medicare billable services regulations and facilitate inclusion in and compliance with these programs. Participation in GME and NHSC would provide significant Federal resources currently not available to optometry. Realignment of the clinical training model would also ensure that third and fourth year optometric trainees receive meaningful and cost-effective training in patient evaluation and management (E/M) by placing optometric trainees in full compliance with Medicare billable service regulations without the need for the attending to repeat all clinical procedures.

Other objectives include increasing participation in Medicare, increasing the number of community-based training sites, and controlling educational debt. Inclusion in GME would result in significant funds paid to optometric clinical facilities for participation in the Medicare program. Given the financial benefit, GME participation would encourage an increase in Medicare services provided. The NHSC would provide significant resources and loan repayment for optometric residents and graduates practicing in federally-qualified health centers. Inclusion in the NHSC would encourage schools and colleges of optometry to increase the number of affiliated community-based training sites.

Community-based training has proven to be highly cost-effective. The NHSC provides an opportunity for student loan repayment up to $50,000, thus providing a means to help control educational debt.

Functional Reality of Current Optometric Training Model

Optometry residents are not truly residents, but function as medical attending or fellows according to the Department of Health and Human Services (HHS). The fourth year of optometric education has evolved into an intense clinical experience in response to the expansion of patient management and treatment responsibilities of optometric practice and is analogous to medical residency training. Fourth year students are expected to evaluate and manage patients and function as medical residents. Third year optometry clinical training has also increased in intensity in response to the expanded scope of optometric practice. This is the transitional year from classroom and laboratory activity to patient care. Supervised third year optometry students function as medical interns. First and second year optometry students have limited clinical training and function, for the most part, in a manner similar to medical students. (Table 1.)

Table 1: Comparison of Optometric Clinical Training Model to Medical Model

Traditional Optometric Model		Medical Model
Optometry Residents Qualified to: • Bill for Medicare services when licensed • No GME • No NHSC	Function as	**Medical Attending or Fellows** Qualified to: • Bill for Medicare services • Receive GME Payments • Qualify for NHSC
Optometry 4th year students Qualified to: • Cannot contribute to Medicare billable services • No GME • No NHSC	Function as	**Medical Residents** Qualified to: • Contribute to Medicare billable services • Receive GME Payments • Qualify for NHSC
Optometry 3rd year students Qualified to: • Cannot contribute to Medicare billable services • No GME • No NHSC	Function As	**Medical Interns** Qualified to: • Contribute to Medicare billable services • Receive GME Payments • Qualify for NHSC
Optometry 1st and 2nd year students Qualified to: • Cannot contribute to Medicare billable services • No GME • No NHSC	Function As	**Medical Students** Qualified to: • Cannot contribute to Medicare billable services • No GME • No NHSC

Actions Required to Realign the Optometric Clinical Training Model

The following actions are required to place the traditional optometric clinical training model in conformance with functional reality and medical terminology. Current third year optometry students would be redesignated as interns and current fourth year students would be redesignated as first year residents (Post-Graduate 1 or PG-1). Current optometric residents would be reclassified as PG-2, PG-3 or Fellows. First and second year students would remain classified as students. Since fellows, residents and interns can contribute to Medicare billable services, optometric trainees in this new configuration could receive meaningful and cost-effective training in patient evaluation and management (E/M), while in full compliance with Medicare billable services regulations.

In order to qualify for GME, the Social Security Act needs to be amended to require the Secretary of HHS to make Medicare, Graduate Medical Education (GME) payments to optometric affiliated facilities for certain costs associated with the clinical training of optometric interns and residents (PG-1 - PG-3), including resident stipends. Existing law/regulations need to be amended to direct HRSA to include optometry in the National Health Service Corps (NHSC). Inclusion in the NHSC would provide for resident stipends and educational loan repayment for up to $50,000 as well as other potential resources.

Conclusion and Recommendation

The traditional optometric training model and terminology are not consistent with the functional reality, with medical terminology and federally-supported programs and present obstacles to inclusion in and compliance with major Federal programs.There is need to comply with Medicare regulations regarding student billable services and significant benefits of inclusion in GME and the NHSC. Formation of a broad-based task force is recommended to thoroughly review the issue regarding clinical training models, terminology and related considerations. Also, the task force would contribute to the political strategy to include optometry in GME and NHSC.

Focus on the President

(Continued from page 7)

underserved multicultural populations is an excellent model for the promotion of empathy in our students.

Servant Leadership

The growth of the profession depends, to a significant extent, on the willingness of its members to pursue leadership positions. What is the role of the leader of the future?

Robert Greenleaf, an extraordinary visionary, defined for us the nature of the leader several decades ago:

"The servant leader is a servant first...[and] makes sure that other people's needs are being served by asking: do those served grow as persons, do they while being served become healthier, wiser, freer, more autonomous? And what is the effect on the least privileged in society, will they benefit or at least, will they not be further deprived?"[4]

The Challenge of Service

More than 80 years ago, an extraordinary woman, blind and deaf, challenged humanity in a famous speech:

"I appeal to you...you who have your hearing, you who are strong and brave and kind. Will you not constitute yourselves Knights of the Blind in this crusade against blindness?"[5]

That challenge of Helen Keller reminds us that our ultimate mission is to protect and preserve that most precious gift of sight through the prevention of blindness and visual impairment. Allowing our patients to blossom and develop their full potential as human beings is our greatest satisfaction as health care professionals.

Service learning activities, in which students learn by providing service to their communities, are exactly those that promote the development of the ethical mind.

Parting Words

I will end this short essay with the words of two great world leaders. Their examples are a source of inspiration to those who see their lives within the larger context of Humanity. One is the great humanitarian Albert Schweitzer:

"I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those that have learned how to serve."[6]

Closer to home, Martin Luther King added:

"Every man must decide whether he will walk in the light of creative altruism or the darkness of destructive selfishness. This is the judgment: Life's most persistent and urgent question is, what are you doing for others?"[7]

Our unique challenge as educators is the development of a respectful mind that appreciates diversity, an ethical mind committed to community service, and an empathic, culturally competent mind allowing all students to become the servant leaders of society. Let's work together for this future.

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Industry News

(Continued from page 5)

(ICO) with a $200,000 grant to expand its Pediatric Outreach Program. In appreciation, the college renamed the initiative the "VSP Pediatric Outreach Program" and dedicated a lecture hall in VSP's honor.

The grant will allow ICO to significantly increase its comprehensive eyecare for children from birth to five years of age, according to VSP. The goal is to serve 1,000 children per year, approximately one-third of them uninsured.

VSP's president and chief executive officer, Rob Lynch, represented VSP at the dedication ceremony, along with James Short, O.D., vice chairman of the VSP board of directors, and VSP Illinois state professional representative Al Lever, O.D. Lynch reaffirmed VSP's commitment to comprehensive eyecare, saying, "VSP is dedicated to providing access to quality vision care for all children, while helping to establish healthy eye habits that can last a lifetime."