


Federal Financing of Optometric Clinical Training

- **Graduate Medical Education (GME)**
 - **Medicare Compliance**
 - **National Health Service Corps (NHSC)**
 - **New Clinical Training Model**
 - **Actions Required**
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Macro Issues

- **Clinical education is inherently inefficient and expensive with costs likely to rise as a result of increased training requirements as the profession continues to expand clinical practice**
 - **Higher costs are often passed on to students in higher tuition and debt (may not be the case at public institutions)**
 - **Federal government provides \$9.5 billion annually to medicine, dentistry and podiatry to support residents, faculty, clinical care inefficiencies, etc**
 - **Federal government does not provide funding to optometric clinical education**
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Preamble

- *This presentation is about another bold move in optometric education...but we cannot allow more time to pass to include optometry in GME and other Federal programs.*

Other “bold” moves in Optometry

- **Pharmaceuticals and advanced clinical procedures**
 - **Clinical training in federal facilities, community health centers and other multidisciplinary health care facilities**
 - **Inclusion in Medicare**
 - **Affiliations with ophthalmology**
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- **Creation of the VA Optometry Service**



Today's Objectives

- **Describe the inter-relationships of:**
 - **GME, NHSC and Medicare Compliance**
 - **Discuss how a New Clinical Training Model will position optometry to qualify for GME, NHSC and Medicare compliance**
 - **Delineate the issues associated with implementation of a new model**
 - **Encourage further dialogue on federal support for optometric clinical education and the actions necessary to secure funding.**
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Why Change the Optometric Clinical Training Model?

- Current optometric model presents obstacles to inclusion in and compliance with major federal programs
 - The traditional optometric training model and terminology are not consistent with current policy governing GME
 - Optometric education model is not aligned with the medical training model and terminology which federally-supported programs follow and understand
 - However, functionally the optometric clinical education model is similar to medicine in certain aspects
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Benefits of Inclusion in GME Residency Program

- Annual infusion of millions of dollars of GME funding would have significant impact on funding optometric clinical education.
 - New residents could contribute to Medicare billable services if GME supervision requirements met.
 - Facilitates the inclusion of optometry in community health centers and other health care facilities.
 - Addresses the need for Board Certification.
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Recommended Action

- Change the optometric clinical training model to more closely conform to the medical model and terminology by awarding the O.D. degree after the third year and require a one year post-graduate (PG1) training for licensure
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Three Year MD Programs

- Two Canadian Institutions have three year programs
 - Texas Tech (MD) and Lake Erie College (DO) offer three year programs for those entering primary care residencies
 - Carnegie Foundation for the Advancement of Teaching-- study recommends all medical schools consider a three year option.
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Optometry and Medicare

- Optometry has been included in Medicare since 1987 but not the educational component, GME
 - Optometrists provide nearly \$ 970 million in Medicare services annually
 - *Students contribution to Medicare billable services is severely limited*
 - Medicare visits at College operated clinics range from 4% to 33% of all visits—likely to increase
 - Annual expenditure on optometric clinical education is over \$100 million but no Federal support for Medicare patients
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Medicare Compliance

- **With the minor exception of a Review of Health Systems, optometric students are NOT permitted to contribute to Medicare billable services.**
 - **In clinical education settings, the billing physician (preceptor) must repeat essential elements of the examination (defined by Medicare), ignore student findings, document all findings personally, and write a treatment and management plan. Applies to college operated clinics, affiliated facilities and externships**
 - **A claim submitted by a preceptor for services that he/she did not personally perform is a violation of Medicare policy and considered a false claim**
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- **Penalties for false claims may be assessed: \$5,000 to \$10,000 plus three times the amount of damages for each claim.**



New: Medicare Launches Aggressive Anti-Fraud Measures

 Centers for **Medicare & Medicaid** Services

- **Effective 2008, independent outside auditors will be reviewing Medicare claims to ensure claims meet statutory, regulatory, and policy requirements.**
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National Health Service Corps

- Inclusion in NHSC provides loan repayment for optometric graduates practicing in federally qualified health centers and other medically underserved locations
 - Encourages an increase in community-based training sites that have proven to be highly cost effective, with added benefits of challenging patients and interdisciplinary environments
 - Provides an opportunity for student loan repayment up to \$170,000 thus a means to control student debt
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Optometry's Options to Secure GME Funding

Option I

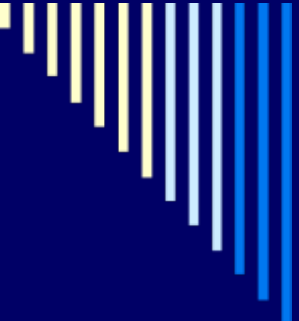
**Seek support for 3rd & 4th year optometric students within the current clinical training model. Places optometry with allied professionals such as nursing
This is ASCO/AOA's current position.**

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Option II

Seek inclusion in the current regulations for GME Residency Training by changing the optometric clinical training model to align with the medical model.

The two options are not incompatible and could be implemented sequentially.



Option II: Align Optometry with GME Medical Residency Model

- **The financial benefit of inclusion in an \$9 billion program would have a much greater and lasting impact on optometric clinical education than inclusion in the Allied Health \$225 million program**
 - **The two programs have different payment formulas with medical residency program providing much higher payments**
 - **Option II is the most persuasive case for inclusion in GME**
 - **Significant challenges and issues with Option II**
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New Optometric Clinical Training Model: Challenges & Issues

- OD degree awarded after the third year with eligibility for licensure after completion of PG1 (Residency)
- Tuition allocated over three years
- Current residents designated PG2, PG3

Concern– HHS does not recognize current optometric residents (not required for licensure)



New Optometric Clinical Training Model: Challenges & Issues

- *Requiring post graduate training a requirement for licensure would strengthen optometry's case for GME*
 - The cost of reforming the curriculum
 - A specialty certification Board would need to be established in order to be recognized under Medicare/GME regulations
 - Eligible to sit for Board Certification exam after PG 1 year
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New Optometric Clinical Training Model: Challenges & Issues

- Accrediting groups need to be consulted
 - NBEO consulted
 - Optometry licensing laws need to be amended both nationally and internationally
 - Assurance that student loan repayment would be deferred during the residency year (4th year of training)
 - Eventually, all optometric schools and colleges need to implement the new clinical training model
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Internal Actions Required

- **Realign clinical training model and terminology to conform to medical model**
 - **Address all issues associated with a significant change to the curriculum and clinical training model**
 - **Since GME payments are made to the clinical entity and not the college, review structure of the clinical program**
 - **Complete a comprehensive optometry and ophthalmology manpower study**
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Political Actions Required

- Social Security Act amended to include optometry in GME. Podiatry successful in amending Act
 - Optometry designated as a Primary Care Profession by the Health Resources and Services Administration (HRSA)
 - Legislation introduced to amend law to direct HRSA to include optometry in the NHSC
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- State optometric licensing laws amended



A Bold Move - Yes

But so were:

- Expansion of state laws to permit pharmaceuticals and advanced clinical procedures in optometry
 - Expansion of optometric clinical education into facilities such as community health centers, Indian Health Service, Veterans Health Administration and DOD facilities.
 - Inclusion of optometry in Medicare
 - Optometric college relationships/affiliations with ophthalmology
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- Creation of VA Optometry Service



Conclusion

- With the current Administration's emphasis on health care and health professions training, optometry has an unprecedented opportunity to gain its rightful place in two major Federal programs—Graduate Medical Education (GME) and the National Health Service Corps (NHSC)
 - The longer we wait, the more difficult it will be to be included in these Federal programs
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Background Papers Available

- Compliance Protocol to Meet Medicare Guidelines for Optometric Training
- GME, Medicare and Optometry
- Optometry Students, Medicare Regulations and Third Party Plans
- Development of a New Clinical Training Model
- Ideas Submitted to President Obama's Citizens' Briefing Book