



Understanding the Cost of Optometric Clinical Education

3/7/2016

The Federal Government Recognizes the Inefficiency and High Costs of Clinical Education

- **Subsidizes Medical Clinical Training Through the \$15 Billion Graduate Medical Education Program (GME)**
- **GME Pays Over \$100,000 per Medical Resident Annually to Teaching Hospitals**
- **Dentistry Included in GME for Specialty Postgraduate Training**
- **Podiatry Included in GME by Amending the Law in 1971, and Then Became Eligible for GME Subsidies by Requiring Postgraduate Training for Licensure in the 1980's**

Optometry Clinical Education is Different from Medical Clinical Education

- Unlike Medicine, Optometry's Clinical Education is Completed in the Core Four Year Curriculum
- Optometry's Clinical Training is Student-Centered, while Medicine's is Physician-Centered
- Optometry's Student Clinical Training Model Does Not Conform to GME Guidelines for Federal Subsidies
- **Therefore, The Cost of Optometry Clinical Education Must be Supported by Student Tuition**
- Optometry Residents are Not Considered "Real" Residents by (HHS), Since They Do Not Conform to the GME Recognized Medical Clinical Training Model

Student Clinical Education is Highly Inefficient and Time Consuming

- **Student Examination Data Cannot be Used to Bill Federal And Private Insurance Plans**
- **Licensed Faculty Member Must Repeat the Examination without Referring to the Student's Data**
- **Violations of the Center for Medicare/Medicaid Services (CMS) Teaching Guidelines are Subject to Significant Fines and Other Penalties**
- **Two Optometry Schools Fined over \$700,000 for Violations**
- **Current Optometry Student-Centered Clinical Education Model is Vulnerable to Violations**

Educational Requirements Influence the Cost of Clinical Education

Specialty Clinical Training (Pediatrics and Low Vision) is More Costly Than Primary Care

- **Placing of 2nd and 3rd Year Students in Clinical Training Venues Significantly Increases Costs**
- **Increases in Entering Class Size Result in Need for More Clinical Placements and Additional Costs**

Total Operating Costs Vary Depending on Relationship to College

- **College Owned and Operated Clinics are the Most Expensive Since Both Operating and Educational Costs are Supported by the College Operating Budget**
- **Affiliations Such as Community Health Centers Are Less Costly, Since Most Patient Care Operating Costs are Absorbed by the Affiliate**
- **Externships are Least Expensive: Both Operating and Educational Costs are Absorbed by the Site**

College Owned and Operated Clinics Are Not Comparable to Private Practice

- **Increased Staff, Multiple Exam Rooms and Other Space are Required for Student Clinical Training**
- **Patient Services Revenues are Lower Because Student Clinical Education is Inefficient and Time Consuming**
- **Placement of Second and Third Year Students Further Decreases Efficiency**
- **Even 4th Year Students Early in Clinical Training Decrease Efficiency**
- **Teaching Clinics Historically Provide Services to Lower Socio-Economic Segments of the Population with Lower Payments for Services**

Financial Reporting of Clinical Operations

- **Optometry Clinical Training Venues Should Not be Judged on a Profit/Loss Basis Without Considering the Cost of Clinical Education**
- **Allocations to Support Clinical Education Need to be Calculated on a Rational Basis**
- **Patient Care Operating Costs and Educational Costs Vary Depending on the Clinical Training Venue and Educational Requirements**
- **Revenues are Influenced by the Inefficiency of Student Clinical Education and the Socio-Economic Status of Patients Served**

Necessary Changes for Optometry To Qualify for Federal Support

- Award the OD Degree after the Third Year
- Redesignate 4th Year as First Year Residency (Postgraduate-One)
- States Need to Require Postgraduate Clinical Training for Licensure Similar to Medicine
- Include Optometry in GME Language by Amending the Social Security Act
- Further Development of Optometry Specialty Certification Boards
- “New Residents “Would be Able to Perform Billable Examination Procedures and Receive Stipends