Changes Necessary to Include Optometry in the Graduate Medical Education Program (GME)

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Charles F. Mullen, O.D.

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Major Issues

- **Clinical education is inherently inefficient and expensive with costs likely to rise. Costs are often passed on to students in the form of higher tuition and debt .**
- **Annual expenditure on optometric clinical education is over $100 million with no Federal Support.**
- **Federal government provides $18 billion of GME funding annually to medicine, dentistry and podiatry to support residents, faculty, program overhead and clinical care costs.**
- **Optometry currently provides $1 billion in Medicare services annually, but is not included in GME, the educational component of Medicare.**
- **Student-provided services are not billable to Medicare.**

Why Change the Optometric Clinical Training Model

- **Optometric clinical training is not consistent with the medical training model which GME recognizes:**

  -No nation-wide licensure requirement for post graduate training. (Only AR and DE require PG training.)
  -No nationally recognized specialty training programs & certification boards.
  -Training is not primarily hospital-based.
  -Consequently, HHS does not recognize current optometric residents.

- **However, functionally the optometric clinical education model is similar to the medical model—4th year equivalent to first year medical internship/residency.**

Today's Objectives

- **Discuss a new Clinical Training Model and additional requirements that will position optometry for inclusion in GME and ensure Medicare compliance for 4th (final) year trainees.**
- **Discuss the benefits of inclusion in GME.**
- **Delineate the issues associated with implementation of a new model.**
- **Encourage AOA, ASCO and ARBO to consider a New Clinical Training model as well as explore other strategies to position optometry for inclusion in GME and address related issues.**

Medicare Compliance

- **With minor exceptions, optometric students are NOT permitted to contribute to Medicare services.**
- ***In clinical education settings, the billing physician (preceptor) must repeat essential elements of the examination, ignore student findings, document all findings personally, and write a treatment and management plan. Applies to college operated clinics, affiliated facilities and externships – anytime when students participate in care.***
- **If students participate (practice) in care of Medicare patient, the preceptor must be in the room with the student.**
- **A claim submitted by the billing physician (preceptor) for services that he/she did not personally perform is a violation of Medicare policy and considered a false claim.**
- **Penalties for false claims may be accessed: $5,500 to $11,000 plus three times the amount of damages for each claim.**

Student Participation Limited with Insurers

- **After it self-disclosed to the OIG, a university-based optometry school paid a fine of $603,522 for improperly claimed services provided by third and fourth year optometry students. (7-25-2011)**
- **Medicare compliance standards may also be applied by Medicaid and private insurers.**
- **Students' are limited to documenting Review of Systems, Family and Social History with insured patients.**
- **Medicare and Medicaid have aggressive auditing programs and scrutiny is likely to increase.**

Recommended Action

- **Change the optometric clinical training model and state requirement for licensure to conform to the medical model and terminology.**
- **Award the OD degree after the third year and require one year of post-graduate training (internship/residency) for permanent licensure. Training license required?**
- **Accredit individual PG training programs and recognize certification boards.**
- **Establish an umbrella certification board to ensure high standards.**
- **Current residents become PG-2 and PG-3 & PG-4 Fellows would all be eligible for GME funding & specialty board certification.**

Existing Three Year Programs

- **Two Canadian Medical Institutions have three year programs.**
- **Texas Tech (MD) and Lake Erie College (DO) offer three year programs.**
- **The Carnegie Foundation for the Advancement of Teaching study recommends all medical schools consider a three year option.**
- **Optometry colleges already offer two and three year OD degree programs to qualified individuals**
- **NECO has 2 & 3 year programs. Salus a 3 year program.**

Benefits of Inclusion in GME

- **Annual infusion of millions of dollars of GME funding would have significant impact on the cost and quality of optometric clinical training. GME paid $95,000 per resident to teaching hospitals in 2010.**
- **Potentially reduce student debt. Stipends are paid to interns/residents and no tuition charged.**
- **New interns/residents may contribute to Medicare billable services with proper supervision.**
- **Facilitates the inclusion of optometric training in academic medical centers, hospitals and other health care facilities. GME funds would be awarded to facilities.**
- **Provides traditional avenue for Board Certification.**

New Educational Model: Challenges & Issues

- **The cost of reforming the curriculum and transition to a new financial model.**
- **PG training programs accredited and certification board (s) recognized.**
- **NBEO consulted. Examination sequence altered.**
- **Concern that optometry is no longer a four year curriculum. Is it now? Are 4th year students really students or are they interns/residents?**
- **Eventually, all optometric schools and colleges need to implement the new clinical training model to be eligible for GME.**

Internal Actions Required

- **Realign clinical training model and terminology to conform to medical model.**
- **Address all issues associated with a significant changes to the curriculum and clinical training model.**
- **Develop a financial transition plan to convert from 4th year tuition to GME support. Reduce dependency on costly campus-based clinics.**
- **GME payments are made to the clinical entity and not the college. Review/change structure of the clinical facility.**
- **SUNY and NECO have separate corporate entities.**

Political Actions Required to be Included in GME

- **Social Security Act amended by inserting optometry in GME language.**
  - **-Seek exception to hospital-based requirement.**
  - **-Podiatry successful in amending Act in 1972.**
- **All state optometric laws/regulations amended to require a minimum of one year post graduate training for licensure.**
- **Specialty training programs and certification boards recognized.**
- **Complete optometric manpower and state of optometric education studies to support advocacy (lobbying).**

A Bold Move-Yes, But So Were…

- **Expansion of state laws to permit pharmaceuticals and advanced clinical procedures in optometry.**
- **Inclusion of optometry in Medicare.**
- **Expansion of optometric clinical education into community health centers, Federal facilities, and other health care facilities.**
- **Optometric college relationships/affiliations with ophthalmology**
- **Creation of VA Optometry Service-largest clinical training program for optometry students, residents and fellows.**

Conclusion

- **Inclusion in GME addresses:**

  Work force development (supply), growth in demand for eye care services, funds to offset increasing clinical training costs and Medicare compliance for 4th year trainees (new interns/ residents).

- **Inclusion in GME requires:**

  Implementation of a new clinical training model, post- graduate training requirement for licensure, accreditation of PG training programs and recognition of certification boards.

- **Compliance issues for 2nd and 3rd year optometry students also need to be addressed. See subsequent slides.**

Major Paradigm Shift is Recommended for 2nd and 3rd Year Students

- **New clinical training approaches are recommended not only to include 4th year trainees in GME,**

  but also to more efficiently address insurance compliance issues for 2nd and 3rd year students who participate in patient care.

- **Faculty/attendings should be in direct charge of the patient rather than in charge of several students.**

- **There are also significant educational and financial benefits to patient-centered clinical training .**

Benefits of Patient-Centered Training: The Successful Medical Model

Excellent clinical teaching occurs best in the context of excellent doctoring and role modeling of exceptional care.

- **Faculty would be expected to drive the performance of the clinical program both with patient volume and revenues.**
- **The Institution is better able to recruit and retain highly qualified clinicians at market rate incomes with expectations that their income will be paid through increased revenues.**
- **cfmalex@aol.com** **www.charlesmullen.com**