Restructuring the Profession of Optometry

The Next Bold Move

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Presentation 1

Strategy for Optometry and Optometric Education
“We must not let anyone else write our future.”

Dr. Ronald Hopping---
President American Optometric Association
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Optometry’s Bold Initiatives (1969-1976)

- Expansion of clinical training to community health centers, Federal facilities and medical facilities starting in 1969.
- Creation of the VA Optometry Service in 1976. (Now provides 1.5 million eye visits, training for 189 residents and 1400 students annually.)
Bold Initiatives (1987-2012)

- Inclusion of optometry in Medicare in 1987. (Over $1.0 billion in patient services and CMS incentives now provided annually.)
- Development of affiliations between optometry colleges and medical schools as early as 1988.
- Development of board certification for optometrists in 2009.
- Inclusion of optometry for essential pediatric benefits in the Affordable Care Act (ACA) in 2012.
Next Bold Initiative (2014)

- Develop and Implement a Strategic Framework to Restructure Optometry and Optometric Education.
Restructuring the Profession

- Align the Profession more completely with National health care policy, standards and guidelines by adopting important principles derived from medicine.

- Modify optometric education, accreditation standards, postgraduate training, licensure requirements, board certification processes, and maintenance of certification to qualify for Federal programs such as GME, NHSC, Title VII funding, ensure participation in third party insurance panels, and build a foundation for defining optometrists as physicians within Medicaid.
Current State of the Profession

**Optometry**
- Not fully aligned with National Health Care Policy.
- Inadequate coordination among State boards, educational programs and external certification and accreditation boards/agencies.
- Limited recognition of board certification.
- Some participation in the ACA.
- Stand alone clinical facilities accredited internally.
- Not considered physicians by Medicaid.

**Optometric Education**
- Tuition funded year 4 clinical training.
- Not eligible for Federal funding.
- Medicare compliance concerns for student clinical training programs.
Future State of the Profession

Optometry

- Better alignment with National Health Care Policy.
- Synergism among State Boards, educational programs and accreditation and certification boards/agencies.
- Broader recognition of Board Certification.
- Expanded participation in the ACA.
- Clinical facilities nationally accredited
- Eligible for Medicaid payments under the physician’s fee schedule.

Optometric Education

- Federal sources of funding available
- Medicare compliant in all clinical training venues.
- Federal funds support year 4 clinical training.
A Comprehensive Strategy Will Lead to a Stronger Profession

- The Profession will be strengthened by creating a more unified profession, similar to medicine.
- Changes to optometric practice laws and Federal/State health care policies can be addressed in a uniform manner.
- Enables the profession to advance cohesively, increasing the chances of successfully addressing challenges and opportunities.
Reasons to Restructure

- Respond to external forces including changes in the health insurance marketplace.
- Create synergy & cooperation within the Profession.
- National recognition of Board Certification.
- Recognition by National accreditation/certification organizations.
- Eligibility for Federal educational funds.
- Inclusion in Federal workforce studies.
Limited Recognition of Board Certification

Currently there is no nationwide acceptance of optometric postgraduate specialty training, board certification and maintenance of certification.

- Limited external recognition of current certification boards.
- Risk is present that non-board certified ODs will be excluded from payer panels.

Since optometrists are classified as physicians under Federal law, they are/will be viewed and judged by the medical standard (including board certification and maintenance of certification).

- National recognition of certification strengthens the foundation for defining ODs as physicians under Medicaid.
Respond to External Forces

- Federal and State policy makers and regulators.
- Private, Federal and State insurers.
- Health care consumers.
- External accrediting/certifying agencies.
- Credentialing & privileging boards.
- Federal health professions education programs.
- Prospective optometry students.
Optometry is Not Fully Aligned with National Health Care Policy

- Stand alone optometric patient care facilities are currently not accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).
- Limited recognition by the National Commission for Certifying Agencies (NCCA).
- Optometry is not yet named in the Medical Home Model within ACA, or within Accountable Care Organizations (ACO).
- Optometry not included in GME, NHSC and Title VII.
- No oversight Board for Optometry Certification Boards.
- Optometrists not recognized as physicians by Medicaid.
- Optometry is not recognized as a Primary Care Discipline by HHS.
Creates Synergy and Cooperation

Consistent Standards and Coordination Relating to:

- States’ licensure requirements.
- Professional degree programs.
- Postgraduate clinical training.
- Accreditation/certification standards.
- Board certification.
- Maintenance of certification.
Address Optometric Workforce Issues

- Bureau of Labor Statistics (BLS) projecting a 33% increase in demand for optometrists or 11,300 additional practitioners by 2020.
- 2013 Lewin Study needs other data critical to understanding disparities in access to care and providing care to underserved populations in shortage areas.
  - Restructuring will enable optometry to be positioned for inclusion in Federal Workforce studies.
  - Accurate data needed for long range planning and legislative advocacy.
Why Restructure Optometric Education?

Program Remains 4 years:
3 years of Didactic/Clinical Education for OD
+ Final Year of PG Intensive Clinical Training for Licensure & Board Eligibility

Place emphasis on physician-centered clinical education in years 1-3 and intensify clinical training in year 4 to include complex cases and culturally competent care.

- Create eligibility for Federal funding.
- Compliance with CMS/insurance regulations as residents may provide billable services.
- Strengthen student applicant pool.
- Manage cost of education and student debt.
Eligibility for Federal Funding

- Graduate Medical Education (GME) Residency Program funding to offset clinical training costs.
- Receive Title VII, Section 747 Funding for Primary Care Training.
- Position graduates for loan repayment through inclusion in the National Health Service Corps (NHSC) and qualify optometry students for scholarships.
- Expand VA funding for optometry residents to include former 4th Year externs.
What is GME? Federal Funding for Private Sector Post Graduate Training

The Graduate Medical Education Residency Program (GME) is the educational component of Medicare, which presently provides $11 billion annually to support postgraduate clinical training for physicians, podiatrists and hospital trained dentists.

- Direct GME payments cover overhead, faculty salaries and resident stipends.
- GME pays an average of $100,000 annually per medical resident to hospitals.
- GME payments are made to the clinical entity so a separate legal structure for campus-based clinics would be needed.
- Federal funding may not always be abundant so there is risk with dependency on GME.
Benefits of Inclusion in GME

- Infusion of millions of dollars of Federal support would have a significant and lasting impact on optometric education, students, residents and the prestige of the Profession including:
  - Opportunity to significantly increase residency positions at academic medical centers, hospitals, community health centers and other health care facilities
  - Current residents/fellows would become postgraduate (PG-2 & PG-3) and would be recognized by HHS and also eligible for GME.
What Are the National Health Service Corps (NHSC) and Title VII?

- The National Health Service Corps (NHSC) provides loan repayment (starting at $60,000 for initial 2 years of service), or scholarships to health care professionals providing primary care.
- Title VII provides scholarships or loan repayment to students who agree to work in underserved areas for three years.
- Title VII also funds the education & training of under-represented minority graduates, residents and faculty.

IMPORTANT OUTCOMES

- Participation in both programs require optometry to be classified as a primary care discipline by HHS.
- Inclusion in NHSC and Title VII would qualify optometry for inclusion in Federal Workforce Studies.
The VA is Another Source of Funding for Postgraduate Training – for VA Residencies

- The VA has the largest optometric clinical training program in U.S. providing training opportunities for 1400 students, 186 residents & 3 fellows with 1.5 million patient visits annually.

- If postgraduate training were mandatory for 4\textsuperscript{th} year trainees, then all residents (PG-1,2,3) would be eligible for stipends paid directly by the VA or through affiliation agreements with sponsoring optometry schools and colleges.
  - Important to require postgraduate training to secure funding for current residents as well.
  - Podiatry successful in securing additional funded VA residents in the 1980’s.
Compliance with CMS Teaching Guidelines

- Optometric students are limited by Medicare/Medicaid regulations from providing billable services.
- Students can contribute Review of Systems and Family/Social History to billable services.
- Any contribution of an optometry student to a service must be performed in the physical presence of a physician.
- Compliance vulnerabilities with the “Center for Medicare/Medicaid Services (CMS) Guidelines for Teaching Physicians, Interns and Residents,” are a particular concern in optometric clinical teaching venues because of the student-centered model.
CMS Teaching Guidelines

- The physician in charge of the case must personally perform (repeat) and personally document (re-document) billable services.
- Student notations must be separate and must be ‘ignored’ by the physician in charge of the patient as relating to the submission of billable services.
- Enforcement (audits) of CMS regulations and teaching guidelines will increase with the implementation of ACA.
- Heavy fines are being levied for violations of CMS Teaching Guidelines.
  - **Self Disclosure** will potentially prevent higher fines and more severe penalties.
Strengthen Student Applicant Pool

- Limited qualified applicants for each seat.
- Demographic changes in the US population and new optometry programs may contribute to the challenge of recruiting qualified students.
- Educational debt compared to current annual median income (approximately $95,000 in 2013) may be a potential factor impacting applicant pool.
- Inclusion in NHSC loan repayment and Title VII programs along GME residency compensation, may enhance recruitment of future qualified students.
Another Reform Measure
3+3+1= OD, Licensure and Board Eligibility

- Accelerated admissions from undergraduate programs would likely reduce overall educational debt.
- Potential for reducing student debt by awarding GME and VA residency stipends in 4\textsuperscript{th} year.
- Inclusion in the NHSC and Title VII funding, would favorably impact the cost of education and debt.
Restructured Education Strengthens Applicant Pool

- Widely available Federal scholarships and loan repayment programs increase appeal of the profession.
- Awarding GME and VA residency stipends in 4th year provides opportunity to manage debt.
- Residency trained optometrists command more competitive compensation.
- Board Certified ODs more likely to be included on payer panels and recognized as equivalent to physicians.
End of Presentation 1

Comments and Questions
Presentation 2

Implementation of Strategy
Implementation Strategic Objectives

- Change optometric state laws/regulations.
- Reclassify current 4\textsuperscript{th} year as mandatory residency.
- Adjust NBEO examinations to changes in curriculum.
- Require 1 year post-graduate training for licensure and board eligibility in primary care optometry.
- Set standards for certification boards/establish oversight board.
- Assure ACOE is only authority accrediting residencies.
- Commence States’ legislative/departmental advocacy.
- Initiate Federal legislative/departmental advocacy.
Change State Laws

- Change state laws to require one year of mandatory postgraduate clinical training (in an ACOE accredited program) for state optometric licensure, leading to board certification.
  - Currently, there is no mandatory postgraduate training required for state optometric licensure (with the exception of Arkansas and Delaware).
  - Requiring (PG) clinical training for licensure would serve as the catalyst for transformation to the medical model.
Reclassify 4\textsuperscript{th} Professional Year 3 for OD +1PG = Licensure & Board Eligibility

- Reclassify current 4\textsuperscript{th} year externship rotations as Primary Care Optometry (PG-1) residencies.
  - Change optometric training by awarding the Doctor of Optometry degree after three years.
  - Designate the 4\textsuperscript{th} year as the first year primary care residency, with licensure and board certification eligibility.

- Optometric training to enter practice remains 4 years (3 years + 1 PG year).
Adjust NBEO Examination

- Adjust National Board of Examiners in Optometry (NBEO) examination process to accommodate the changes, including mandatory postgraduate clinical training and board certification.
  - Ensure NBEO and Certification Boards examinations and certification processes are compatible.
Require Postgraduate Training

- Require one year of postgraduate (PG) clinical training for licensure and board certification eligibility in Primary Care Optometry.
  - Annually, 1200-1400 candidates would be eligible for American Board of Optometry (ABO) certification.
  - Two years of PG training required for board eligibility in specialties.
  - Unify the American Academy of Optometry’s (AAO) classifications with Association of Schools and Colleges of Optometry (ASCO) residency classifications and place in specialty and subspecialty categories.
Certification Boards Standardized

- Set consistent standards among various certification boards by establishing an oversight board analogous to medicine’s American Board of Medical Specialties (ABMS).
- Designate an oversight board, such as the American Board of Optometric Specialties (ABOS).
  - Multiple certification boards can exist as long as an oversight board American Board of Optometric Specialties (ABOS) is in place to ensure consistent standards.
ACOE as Recognized Authority

➢ Only postgraduate clinical training programs accredited by the Accreditation Council on Optometric Education (ACOE) would be recognized for board certification.

  ▪ (ACOE) would be analogous to medicine’s Accreditation Council for Graduate Medical Education (ACGME).
  ▪ Accreditation by ACOE is required for inclusion in GME.
States’ Legislative Initiatives

- State optometric licensing laws/regulations amended to include:

  “One year of postgraduate clinical training (in a program accredited by the Accreditation Council on Optometric Education (ACOE) is required for licensure, leading to Board Certification).”
Federal Legislative & Advocacy Initiatives

- Federal legislative and (HHS) Departmental advocacy to amend the Social Security Act to include optometry in GME.
  - GME payments expanded to include all optometric clinical training venues.
    - Podiatry successful in including podiatric postgraduate training in 1972.

- Legislative and direct VA advocacy initiated to fund new optometric residents (PG-1), formerly 4th year externs.

- Legislative and HHS advocacy to classify optometrists as a primary care discipline to qualify for the NHSC and Title VII.
Recommended Actions by AOA, ASCO and ARBO

- AOA, ASCO, ARBO and with the cooperation of AAO, NBEO, ACOE, Certification Boards NAVAO, AFOS and AOSA collaboratively reach consensus.
  - Resource, develop, execute and monitor implementation of a comprehensive strategic plan for optometry and optometric education.
Challenges
Challenges of Curriculum Reform

- Changes in tuition revenue may be an issue for some ASCO member institutions
- Reforming elements of the curriculum and adjusting admissions requirements will be challenging for some optometry schools
  - Some medical schools offer early admission after 90 credit hours.
  - Even though 8 medical schools, including the prestigious New York University, are offering three year MD programs political concerns about comparisons with traditional 4 year medical and dental programs persist.
Challenges Ahead

- The proposed Restructuring Plan is politically very difficult with numerous sensitive professional and educational issues.
- Timing the implementation of the various elements of the Plan will be challenging.
- There is no easy path if optometry is to maintain a strong position in a rapidly evolving health care system.
- Restructuring of optometry and optometric education will be an evolutionary process.
Buzz Aldrin, Astronaut

“Clinging to the past prevents future progress.”

End of Presentation 2

Comments and Questions