

Wendy Kujala

From: Sue A. Weingartner [sweingartner@rmsmanagement.com]
Sent: Wednesday, April 22, 2009 4:18 PM
To: MOA AA List Serve
Subject: From Dr. David Cockrell: Protecting Optometry's Future, Part II



Dear AOA Member:

Thank you for interest and attention to my letter last week. It's my goal to personally reply to every message, and I appreciate all of you who took time to respond. From your responses last week, several important points were made. I will address some now and some in future communications.

Let me first ask you to open the links (in blue) contained in this letter. As a result of e-mails and discussions with some of you, I found that quite a few respondents did not open the links contained in that letter. Please take a look at last week's information (linked [here](#)) if you did not see it. I think you will find the information on the state of the health care reform movement very helpful. Our goal is to provide information to help you in your study of this subject. Each of these briefings, both the content of my letters and the information contained within the links, will add to the body of information that we are trying to impart.



David Cockrell, O.D.

One of my first assignments on the AOA Board of Trustees was as liaison to our Physician Quality Reporting Initiative (PQRI). As I studied the information, I learned there were many entities involved in health care reform -- many more than I had imagined. Optometry did not have a place at the table and in most cases could not make comments on the work being done, even if it directly affected our profession or patients!

The AOA Board of Trustees, through our AOA staff, began efforts to place AOA OD volunteers on those committees. In the past four years we have made significant progress and now have members on almost all of the decision-making bodies.

Our efforts have placed your fellow AOA members on the following work groups including membership in the National Quality Forum (NQF), AQA Alliance, National Committee on Quality Assurance Health Care Practitioner Advisory Council (NCQA-HCPAC) and Physician Consortium for Performance Improvement (PCPI). We are also monitoring the activities of the Quality Assurance Steering Committee (QASC). This does not mean that we can control the direction of the committees, it simply means that we are now one of many voices on the inside, and therefore, we have input. We are participating, but more important, this increased involvement gives us access to the direction that health care policy is moving. We can now be proactive instead of reactive. We can build on our success.

One of the comments I received was "How do you know this will be necessary?" In Part Two of our Series of Policy Briefings for AOA Members, you will find information on the groups I mentioned above that are involved, as well as their comments, and in some cases, recommendations. (To read it, click [here](#).) We have worked to develop a very good working relationship with the administrators at the

Centers for Medicare & Medicaid Services (CMS) and will continue to improve this relationship. In fact, we have had multiple contacts with CMS representative Tom Valuck, M.D., J.D. Since my e-mail last week, he has issued these comments:

1. *The CMS is working to enhance the value of health care services for Medicare beneficiaries in many ways, including the adoption of value-based purchasing approaches that tie measured performance to payment and transparency of health care information. We are currently working on a plan for value-based purchasing for professional services.*
2. *Public accountability for the value of services provided is a key tenet of any profession; professionals, including health professionals, are generally expected to develop mechanisms for public accountability. For example, health professional groups have developed quality measures, board certification for initial competency and maintenance of certification for continued competency, to demonstrate their accountability for quality.*
3. *The CMS does not have a position on board certification or maintenance of certification at this time; however, some professional groups, like the American Board of Medical Specialties and the American Board of Internal Medicine have asked the CMS to consider recognizing maintenance of certification as a quality measure or quality measurement set.*
4. *Private sector payers have expressed an interest in using maintenance of certification programs for professional accountability. It is in the CMS' interest to align our payment incentive programs with similar private sector programs to maximize the impact of the incentives and reduce the burden of accountability on professionals through alignment of public payer and private payer accountability mechanisms.*

Other comments from many of you included:

- *Why will any of this apply to Optometry? It should only apply to MDs. If the driving force behind the upcoming changes is the federal government, and they certainly are the major participant at this point, then we can expect to see change in the federal government health plans. In the case of the Medicare Statutes (1861(r)(4) we are listed in the same category as physicians. It is extremely unlikely that one provider under that classification will be held to a different standard than another. Clearly when Dr. Valuck's comments above are viewed, it is apparent that quality measures and accountability are very important to the CMS.*
- *No state will make any requirements for continued competence. We are seeing that take place currently. Colorado has recently (October, 2008) seen an announcement from DORA, the Department of Regulatory Agencies, that it intends to develop and implement a mandatory continued competence program. The administration of this program will be a function of the licensing body (DORA) for all licensees. Personally, I would prefer to have a voluntary, optometry-managed program to assure continued competence, which we can do under the proposed Board Certification and Maintenance of Certification programs, than a mandatory program that impacts my license.*

I also received comments on residency requirements. Some advocated that optometry not move toward board certification until we can have residency positions for every graduate. A few stated that our process would be ridiculed by other specialties because we don't have required residencies now. Some suggest that our process will not be credible because not all ODs have completed mandatory residency programs. According to figures in the ACOE database, there are currently 294 approved residency positions distributed among the 141 programs which the ACOE accredits.

We are by no means the only profession to begin a board certification process in this manner. The last five members of the 24-member American Board of Medical Specialties to develop a board certification process began without residency programs developed and in place. They then worked to develop residency requirements for future practitioners. In fact, ophthalmology waited 41 years after beginning board certification to require residencies. I do not agree that we should make our board certification residency requirements harder to attain than medicine's.

For those of you who expressed dissatisfaction with me, or the AOA, let me point out again, we have not developed the demand for continued competence or quality measures, and certainly are not driving health care reform. Demonstrating continued competence will be an essential criterion—the price of admission—for participation in government and private insurance coverage. These events are developing rapidly from many positions, including federal and state government initiatives, as well as third-party payers and, most important, the public. Fortunately, we are participants in this process as a viable, stand- alone profession. We have the opportunity to choose how we want to participate. **Do we want the opportunity to develop our own process or do we wait and see what is developed for us?**

As a fellow practitioner, I encourage each of you to open the blue links embedded in this message and review the information. I believe you will find it informative.

Read last week's briefing [here](#) and this week's briefing [here](#). To keep current on the latest news about health care reform, and the AOA's response, visit <http://certification.aoa.org>, or e-mail me at david@aoa.org.

David A. Cockrell, O.D.
Trustee, American Optometric Association
Cockrell Eyecare Center
Stillwater, Oklahoma