

Wendy Kujala

From: Sue A. Weingartner [sweingartner@rmsmanagement.com]
Sent: Wednesday, April 29, 2009 5:58 PM
To: MOA AA List Serve
Subject: From Dr. Joe Ellis: Protecting Optometry's Future, Part III



Dear AOA Member:

I am currently Vice President of the American Optometric Association. I live and practice optometry in rural western Kentucky. I have been in practice for 23 years in Benton, a town with a population of 5,000 people. I acquired an existing practice and have been blessed with practice growth and a partner who has been with me for the last 10 years. I am currently on the hospital staff of the local rural hospital. I indeed face the same day-to-day challenges that you face, such as HIPAA privacy, NPI numbers, the PQRI, e-prescribing, and the implementation of electronic health records.



Joe E. Ellis, O.D.

I decided to run for the board of the American Optometric Association in 2001 because I could envision future regulatory changes and national health care reform that could seriously supersede the premier patient access laws that we worked very hard to enact in Kentucky. The concept of value-driven health care brings to the forefront the issue of board certification/maintenance of certification, which is a major patient access issue to optometry.

As an AOA officer, I've learned a great deal about the coming changes in health care. My position can be summed up in three key ideas:

- Demonstrating continued competence will be an essential criterion – the price of admission – for participation in government and private insurance coverage.
- Optometry is the only prescribing doctoral-level health care profession that doesn't have a process to measure competence beyond entry level. Board certification is crucial to maintain equal status with other health care professions in the eyes of the public and policymakers.
- Optometry must always look forward to anticipate change and grow as a profession.

Over the past several weeks we have seen calls for individual state boards of optometry to be in charge of continued competence or maintenance of certification programs.

The idea of using state boards to prove or demonstrate continued competence won't work.

Here's why:

- First, this ties continued competence/maintenance of certification status to licensure. No other profession does that: Why would we? Why would optometry again make itself different?
- Second, state board control of the continued competence/maintenance of certification process

could result in not one, but many, different processes – perhaps as many as there are licensing bodies! I think we can look at the outcome of legislation for scope advancement for proof of that statement. No two jurisdictions have the same statutory language for scope of practice; virtually no two have the same simple CE requirements. State boards develop policy in only a few ways; through a regulatory process, like a board rule, or through statute change. In either case, the chance of getting every state and territory to use the same exact wording is nearly zero.

- Third, the composition of the boards as well as their statutory authority also will have an impact on the design and outcome of each process.
- Fourth, we know the many difficulties we now experience in reciprocity due to many reasons. Do we really want to add 50+ continued competence requirements to that list? Not only will multiple license holders be required to maintain different CE requirements – as they do now – but they will also have to keep up with multiple continued competence requirements.
- Fifth, because most boards are self-funded by licensing fees, it will be very difficult – if not impossible – to find the resources or time to develop their own process. If continued competence is left to state boards to develop and implement, we will experience a significant time delay in nationwide certification processes AND end up with a patchwork of many different types of continued competence.
- Sixth, while there is an independent board of optometry in every state, some states regulate health care professional licensing boards under an umbrella agency structure; where the umbrella agency has varying degrees of authority over the licensing boards and/or the licensees. In some states the optometry board is virtually impotent and the umbrella agency – which is staffed by non-optometrists – can wield a great deal of power over the regulation of health care providers. This may very well include the topic of continued competency assurance, as just happened in Colorado. The Colorado Department of Regulatory Agencies (DORA) adopted a policy beginning in 2008 seeking to add continued competency requirements in place of continuing education for health care professional license renewal as the various practice acts come up for sunset review. Allopathic and osteopathic medicine are excluded from complying because they have a nationally recognized board certification and maintenance of certification process. These maintenance of certification processes do not have to come only from agency mandates. Certainly legislative bodies can set parameters or requirements in statute as well.

The process that is being discussed by the AOA addresses shortcomings in the state board concept of maintenance of certification.

1. It is voluntary, not mandatory as a process linked to licensure would be.
2. It will be a national certification as opposed to the many different state or third-party mandates.
3. It will also possibly help to advance license portability – not construct even more roadblocks, as state controlled processes would.
4. Finally, I believe board certification will work to unify our profession.

If you have not seen the information contained in Dr. Cockrell's letters sent during the last two weeks, please visit <http://certification.aoa.org>.

And watch for important news from the AOA's Washington office about Congress' announcement of a plan – yesterday – to link the Physician Quality Reporting Initiative (PQRI) payments to proof of continued competence, specifically board certification.

Joe E. Ellis, O.D.
Eye Care Associates of Kentucky
Benton, Kentucky
jeellis@aoa.org