

**MOA MEMBERS
FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR
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DR. CRAIG STEINBURG'S VIEW RE BOARD CERTIFICATION

We have received a request to distribute the following communication to you regarding board certification:

Craig Steinburg, OD, JD: I'm a 1984 graduate of the UMSL School of Optometry. I've practice optometry since 1984 in Southern California. I obtained my license to practice law in 1996 and have been practicing law, principally in the areas of business litigation, defense of optometric state board and insurance panel disciplinary actions, and optometric transactions (buy-sell, incorporation, partnerships) ever since. I am currently and for about the past five years have been on the NBEO's Public Health and Law committee, and I've written numerous articles and/or monthly columns for Review of Optometry and Optometric Management magazines. I can be reached at craig@odlawyer.com. My full CV is available through my web site at www.odlawyer.com.

Dr. Steinburg writes:

Let me first be clear on one thing: I do not have any objection to the concept of demonstrating continued competency, nor do I disagree that it will be increasingly important. To the extent the AOA is now addressing the issue of demonstrating continued competency, I have no objection. It is indeed useful to start thinking about whether or not optometry's current state mandated CE requirements will be adequate in the future to meet the demands for demonstrated continued competence and, if it appears they will not be, to look for what will be and get it going. But that is not an endorsement of the AOA's BC concept, which I believe, for the reasons stated below, is a poor approach to the problem with risks that far outweigh the benefits.

So, with that in mind, here is how I view the Board Certification issue. First, the AOA has fundamentally misrepresented what medical board certification is and why it exists, and understanding that is essential to understanding the true nature of the problem and therefore the possible solutions. In Medicine Board Certification is tantamount to and a substitute for licensing, and recertification is the substitute for license renewal. This is because state medical boards only license general medicine. No state requires a "license" to practice cardiology, ob/gyn, or whatever. To the state, once you have your license you can practice any field you want. The only evidence that a doctor is actually trained in his SPECIALTY is board certification. And the only evidence he is keeping up with developments and advances in the specialty is maintaining the board certification. Thus, before you can cut somebody open hospitals want proof you are board certified, not that you are licensed. They don't want a psychiatrist cutting open a chest wall, which a "license" would allow them to do. So, in all practical terms, an Optometric License =

Medical Board Certified. They are there to do the same thing -- prove the holder is trained and competent to do what he does.

Second, inasmuch as the point above is really beyond serious dispute, that moves the debate away from becoming board certified to demonstrating that competence is being maintained, e.g. continuance of competence, because we are essentially (if not semantically) "board certified" (e.g. proven initially competent) by virtue of our meeting the requirements to obtain a license to practice optometry. This is an important point. Being licensed proves our initial competence to practice optometry just as being board certified proves a physician's initial competence to practice his/her specialty. Thus, the only thing "board certification" brings to the table is as a way of showing continued competence.

Third, currently, optometrists "demonstrate" that they are maintaining competence by meeting state mandated CE requirements as a prerequisite to license renewal. By comparison, Medicine uses "maintenance of certification" (MOC) as their means of demonstrating continued competence in their specialty. Keep in mind that the roughly 15% of physician's that are not Board Certified meet state mandated CME requirements to prove continued competency in general medicine by simply maintaining their license.

Fourth, there is reason to believe, and PQRI is recent evidence of this, that shifts in health care and new emphasis on value and quality are going to put increasing pressure on doctors to show that they are maintaining their competence over time. There is, however, a fairly lengthy timetable. The most recent while paper on PQRI has not even been addressed by the US Senate, much less voted on or implemented. It is likely to be several years at the earliest before significant reforms take root, even if they are passed within the next year or two. So, while it is appropriate to put some thought into how to proceed, it is not appropriate to "rush" to proceed. There is time to evaluate options and, importantly, to make sure there is a broad consensus in the optometric community before making final decisions.

Fifth, the issue or contention of the AOA appears now to be that our method of demonstrating ongoing competence - state mandated CE and license renewal -- is not likely to be viewed as adequate by people conditioned and used to the medical model, and perhaps not defensible as adequate because it's not uniform from state to state and there is no testing or verification. In other words, Medicine and BC puts more demands on their doctors to prove that they are staying up with their profession and we need something comparable ("or equivalent").

The AOA's logic, then, goes like this: we need to be able to demonstrate continuing competence. Medicine does that by showing maintenance of certification. We should adopt the medical model, as it's already proven itself to be acceptable. To show maintenance of certification we need to have a certification to maintain. Thus, we need to establish board certification.

If this is correct, then the debate must focus on the assumption in the middle -- should we adopt the medical model as OUR method of demonstrating continuing competence? Or, are there good, acceptable, and less risky or onerous ways to approach this issue and prove continued competence? In other words, borrowing from the PQRI report, what are the options for the "or equivalent" prong? Is BC as the AOA has devised it the only way, the best way, etc.? Inasmuch as the AOA named the task force the Joint Board Certification ... it would appear that the ONLY approach the AOA examined was Board Certification. Board Certification, and then maintenance of one's certification, will address the continued competence issue, to be sure. But they carry a lot of baggage that simply is not necessary.

So, yes, Board Certification, and maintenance of it, is sufficient to show continued competence. But is it necessary? Or are there less onerous less risky options available? And what are the potential risks and downsides of using the medical Board Certification model upon which to base our method of demonstrating continued competence? Let me suggest a few.

First, even if not intended to be this way, it is nonetheless inherently misleading to the public because the board certification label suggests a level of post-graduate training and testing that it does NOT represent. Moreover, it suggests that one set of optometrists, the "board certified" ones, have substantially more training and therefore are far more qualified than their non-board certified brethren, which is just plain false. Nonetheless, it divides optometry into two groups. One, board certified, will be perceived by the public and perhaps by themselves as "better" and more qualified than the other. This would be very bad for optometry.

Second, without having two classes of optometrists, third party plans must necessarily permit all otherwise qualified optometrists to be on their plan. Create board certification and you create the opportunity for third party plans to select out one group over the other, further cementing the division of optometry.

Third, there is considerable risk that the AOA will rather quickly evolve into an organization interested largely in advancing the interests of board certified optometrists at the expense of the others. This will follow naturally as the "elite" and "leaders" of the AOA will surely jump on the BC bandwagon and in no time will view themselves and their BC brethren as the "better" doctors (don't they already?). Moreover, they will by necessity tell third party plans that ONLY BOARD CERTIFIED doctors have proven their continued competency. So the AOA will lobby for BC doctors and against non-BC doctors. The AOA will no longer represent optometry. No doubt they will deny that they will do this, but they will. It's certain and unavoidable.

That leads to the fourth risk, a significant weakening and possibly even fatal blow to the only National voice optometry has. Within a few years not only will the AOA be representing only a sub-group of optometrists, but it will surely lose members. This will impact optometry at all levels, National, State and Local, due to the requirement that you must belong to all or none. The AOA cannot afford to lose 10-20% of its membership,

and possibly more. Yet pushing this program, which is clearly unpopular with many of the “rank and file” optometrists, WILL cause the AOA to lose members.

Finally, compared to an OMD, our BC is a joke in substance and it will make us very susceptible to ridicule, which will undermine some, or a lot, of the credibility we've obtained as competent primary care eye doctors. It will basically bold, underline, and draw attention to the fact that we have 4 years of education and OMD's have 8.

Are these risks, or any one of them, worth taking IF there are viable alternative means available for demonstrating continuing competence? Is there any reason that the AOA must or should push their board certification overkill onto optometry, notwithstanding the serious risks and potential downsides, without a detailed, thoughtful and DELIBERATE examination of the problem and the potential solutions. I would like to see from the AOA, perhaps 6 months to a year before any vote on anything, publish a white paper that sets forth the problem, the basis for the problem, various options for addressing it, the pros and cons of those options, which they believe is the best option, and why they believe it is the best option?

Craig

** It is ironic that, while wishing to adopt the medical model of board certification, the AOA is clearly NOT adopting the actual meaning of medical board certification. Instead, the AOA is redefining what board certification is inasmuch as no formal post-graduate residence or training is required in the AOA program compared with the 3+ years required after four years of medical school and a year of internship in the medical model.