

May 8, 2009

Richard Cornett
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Dear Rick:

Thank you for sending me the recent publication from the Ohio Optometric Association (OOA) regarding Board Certification (BC). The BC issue is a highly debated topic and I am glad that your Association has taken a lot of time to dissect the issue. I read the Appendix paper (<http://eastwesteye.org/filespace/>) that accompanies the OOA Board opinion and was confused by some of it. I am hoping you can help me to clarify my confusion.

The OOA has concluded that BC can only be represented by specialty training that is obtained by a required residency—something that optometry does not have. You make that point by citing the American Board of Medical Specialties (ABMS) definition of Board Certification that reads:

“Board Certification as defined in the medical model demonstrates expertise in a particular specialty of medical practice and represents advanced competency requiring residency based specialty training.”

You attempt to clarify your statement further by adding the following in the very next paragraph:

“The M.D. must complete a residency and then the board certification process is used to “certify” that the practitioner has obtained the necessary training to provide quality healthcare within that given specialty. This is not advanced competency (underline added by me for emphasis) but rather the necessary competency to be able to work in their selected specialty of medicine.”

My confusion and my question is: why did the OOA choose to cite the ABMS definition of Board Certification requiring residency but later discount and refute the ABMS definition that it certifies advanced competence? The ABMS, in their definition that you used, says ABMS BC process certifies “advanced competency” and you said the ABMS BC process is “not advanced competency.” How did the OOA choose to use only ½ the definition of ABMS BC when making their new policy?

DENTISTS ARE NOT RECOGNIZED BY MEDICARE!

Later in your paper you use the comparison that optometry “closely resembles” dentistry. You state that less than 1% of general dentists are BC because it is not necessary or

required to practice and does not enhance their ability to provide quality competent care. The OOA was absolutely correct when you showed how difficult it was for a general dentist to become BC. It requires a dentist to do a residency, 1100 hours of CE, etc. All that just to say you were BC? It is obvious why the dentists reject general practice BC by not participating—they do not want to do a residency and more to be board certified general dentists. Dentists cannot provide care in the Medicare system, so who would they be showing off their certificate and Maintenance of Certification certificate to? Are we really that resembling of dentistry when they are not recognized by Medicare—optometry's parity provider?

QUALITY COMPETENT CARE

As you indicated in your paper, having a BC certificate is not necessary to enhance the ability to provide quality competent optometric care. I happen to agree with that statement. BC is not necessary for any doctor anywhere in the world to provide quality competent patient care. Optometrists for decades have provided quality competent patient care. Ophthalmologists for decades have provided quality competent patient care. Dentists, podiatrists, surgeons and most other doctors have and continue to provide quality competent care. So what gives? If we all provide quality competent care, then what's the big deal?

It is not whether we CAN provide quality competent care—it is whether or not we can PROVE we can provide quality competent care.

Apparently the government and Medicare specifically do not want to take our words for it that we provide quality competent care. On April 29, 2009 the Senate Finance Committee outlined what it will mean to PROVE that board certified specialty physicians provide quality care. The Senate Finance Committee has specifically stated that it will require the following:

Unrestricted License
CE & Self Assessments
Cognitive knowledge demonstration
Practice performance assessments using best practice
Audit Process

The Senate Finance Committee already recognizes optometry as a physician and has lumped us into the same category as all other doctors in the Medicare system---with the board certified specialists. They already count us as a specialty. Why wouldn't they? We are indeed our own specialty of care for the eye and its adnexa.

The Senate Finance Committee has recognized Maintenance of Certification (MOC) as the quality marker for ongoing competence testing. The Senate Finance Committee outlined the important ingredients for MOC. Didn't the OOA find it compelling that the JBCPT used the same formula?

Senate Finance	JBCPT
Unrestricted License	Active state license and clearance by National Practitioner Data Bank & Health Integrity and Protection Data Bank
CE & Self Assessments	CE & Self-assessment modules (SAMs)
Cognitive knowledge demonstration	Written cognitive test
Practice performance assessments using best practice	Performance in Practice Modules (PPMs)
Audit Process	Not yet defined

If the Senate Finance Committee and Medicare consider optometry a specialty and lump us into the same category as board certified specialties, then why shouldn't we? Why shouldn't we validate what they already do by continuing to play by their rules using BC to define the specialty and MOC as the marker for quality competent care?

Senate Finance does not define BC as requiring a residency. Why does the OOA want to?

ARE YOU SERIOUS?

My final point of confusion with your paper is the question you raise which states:

“Does the AOA no longer feel that optometrists, as primary eye care providers, are fully capable of providing full-scope eye care based on state licensure?”

I find it incredulous and insulting as a member of the AOA to think that you feel this entire process of BC is because the AOA no longer feels that optometrist are capable of providing full-scope eye care based on state licensure. That completely discounts your entire paper and shows that you lack a complete understanding of this issue. Never has the AOA or any group implied that your doctors are not fully capable of providing care. The debate has never centered on the ability to provide care. The debate is how to continue to prove quality competent care in today's health care arena. Nobody thinks

that optometrists are incompetent. Nobody thinks that optometrists are unable to provide full scope eye care. If this debate were only on the merits of your state license then why did the Senate Finance Committee make the state license only 1/5 of the total package for measuring MOC? If every board certified MD in America is required to have a state license and to get that license you have to have BC, then why isn't the state license the sole marker for quality being used by Medicare? Apparently the Senate Finance Committee and specifically their Medicare Reform paper published on April 29, 2009 indicate that the state license is only a small portion of the complex equation. Continuing education is only 1/5 of the equation. Written tests are only 1/5 of the equation.

It is not about whether we are capable. It is how to prove our capability that is at issue.

I appreciate the OOA taking the time to discuss the issue. I am sure that it was a time-consuming endeavor and all optometrists should take note of your dedication to the profession.

I look forward to seeing you in Washington, DC in June!

Sincerely,

Jeffrey Michaels, OD, FAAO
Virginia