



AMERICAN ACADEMY  
*of* OPTOMETRY



American Optometric  
Association



***Joint  
Board Certification  
Project Team***



Association of Regulatory Boards of Optometry, Inc.



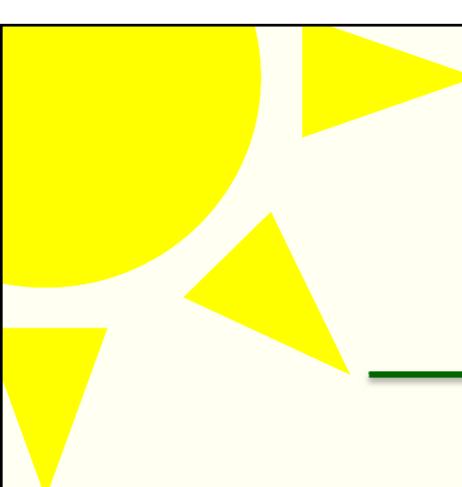
Association of Schools and Colleges of Optometry



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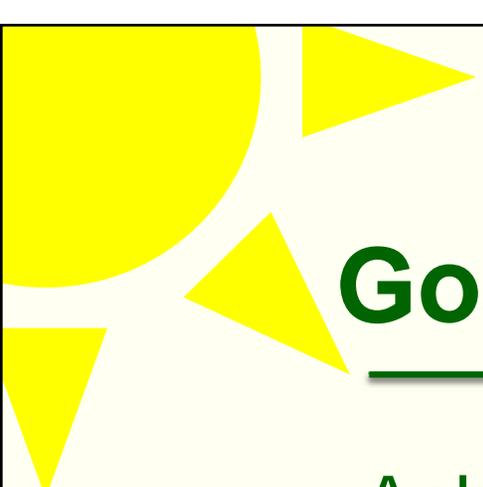
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# Board Certification in Optometry: *Background*

*Initial Report of the  
Joint Board Certification  
Project Team*

January 27, 2009





# Goals for Today

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- Achieve understanding of the proposed model
- Generate discussion on board certification
- Move toward consensus that advances the profession and provides the best possible patient care
- Learn from you what tools are needed to communicate with your members regarding the proposed model





# Forty Year History of Board Certification, Competence in Optometry

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**1968** AOA *Ad hoc* Committee on Specialization

**1972** AOA Project Team on Certification

**1980-1984** AOA Project Team on Certification

**1997-1999** AOA Board Certification Project Team

**1999-2000** American Board of Optometric  
Practice

**April 2001** Summit on Board Certification and  
Continued Competency

**2001-2003** AOA Specialization Project Team

**2004-2005** AOA Advanced Clinical  
Competence Project Team



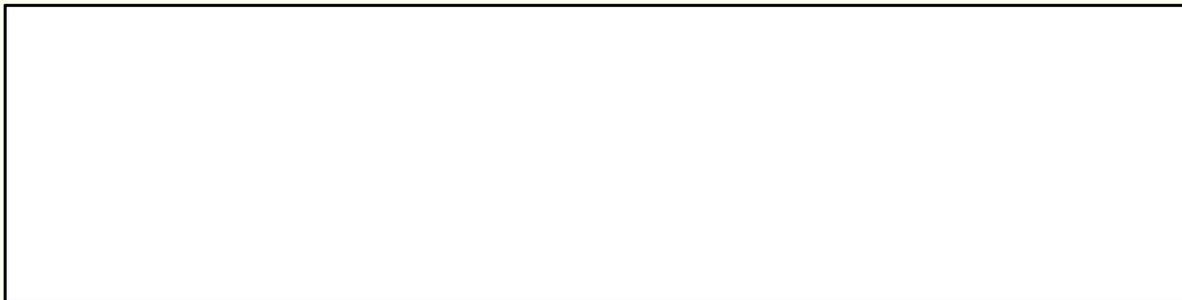


# Board Certification

## WHY study the process again?

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- Healthcare delivery is evolving...  
*What do I mean by that?*
- Here is what things looked like in 1968:





# Organizations in Quality 1995

Institute of  
Medicine (IOM)

CMS

NCQA

JCAHO

IHI

Health Plans

# Organizations in Quality 2009

National Committee for  
Quality Assurance  
(NCQA)

CMS

JCAHO

American Board of Medical  
Specialties (ABMS)

American Medical  
Association/Physician  
Consortium on Performance  
Measurement

States & Regional  
Programs

Leapfrog Group

AQA-HQA-PQA

Institute of  
Medicine (IOM)

Benefit Consultants

Disclosure Group

Health Plans

IHI

Measurement Software  
Vendors

Medical  
Specialty Groups

Researchers

National Quality  
Forum (NQF)

Foundations

Employer Coalitions

# Board Certification

## WHY study the process again?

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- Healthcare delivery is evolving...  
Governmental programs currently in place to evaluate quality of care are making reference to board certification/continued competence.
  - Both PQRI and P4P are current programs sponsored by the federal government to evaluate care at the state and local delivery level.
  - Public Advocacy efforts to improve quality of care have stimulated state legislative activity referencing continued competence.
  - Managed Care Organizations are considering requiring board certification to demonstrate continued competence/quality of care to their enrollees.





# Why is Board Certification sought by those outside the profession?

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- **The Federal Government** believes it can better ensure quality of outcomes (better quality of care) and thereby control healthcare expenditures.
- **The Public through state governments** believes it can use board certification as one way to evaluate quality of a provider, thus the quality of care they (or their family) will receive.
- **Third party payers** believe they can provide better care for enrollees control expenditures, and capture more of the market.





# Who is Discussing Board Certification/ Continued Competence?

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- Federal Government / CMS (Center for Medicare and Medicaid Services)
- NCQA (National Committee for Quality Assurance)
- NQF (National Quality Forum)
- Third Party Groups/Group Health Plans
- State Health Initiatives
- The Public (Your Patients)





# Who is Discussing Board Certification/ Continued Competence?

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## Federal Government:

CMS (Center for Medicare and Medicaid Services)

For the first time requiring “board certification” to be a provider in the Patient Centered Medical Home program. (H.R. 6111 Tax Relief and Health Care Act of 2006)

*“The enabling legislation requires that Medical Home Providers must be MDs or DOs who are board certified.”*

-March, 2008

[http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MedHome\\_Design\\_Clarification.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MedHome_Design_Clarification.pdf)





# Who is Discussing Board Certification/ Continued Competence?

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## Federal Government:

Pay for Performance/Physician Quality  
Reporting Initiative(PQRI)

May require demonstration of  
continued competence.

*" Board Certification/Continued Competence  
will be one way that may be used to evaluate  
quality of care."*

Tom Valuck, CMS representative

April 2008

AOA Advocacy Conference



# Who is Discussing Board Certification/ Continued Competence?

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## National Committee for Quality Assurance (NCQA)

*“Board certification is a highly respected general credential, awarded to physicians who have met rigorous standards for intensive formal training, self-assessment, and evaluation of medical knowledge, judgment, and skills.”*

[www.ncqa.org](http://www.ncqa.org)



# Who is Discussing Board Certification/ Continued Competence?

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## National Quality Forum (NQF)

- The NQF will be the convener of key public and private sector leaders to establish national priorities and goals to achieve the Institute of Medicine Aims—health care that is safe, effective, patient-centered, timely, efficient and equitable.
- NQF-endorsed standards will be the primary standards used to measure and report on the quality and efficiency of healthcare in the United States.
- The NQF will be recognized as a major driving force for and facilitator of continuous quality improvement of American healthcare quality.

[www.nqf.org](http://www.nqf.org)



# Who is Discussing Board Certification/ Continued Competence?

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## Third Party Payers

- Blue Cross, Cigna, Aetna, WellPoint, UnitedHealth Group
  - Each reviewing Quality of Care and Continued Competence outcomes.
  - 15 of the largest employer health groups signed Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs.
  - November 2007 GHI (Group Health Incorporated) signed an agreement with NY State to participate in quality measurements



# Who is Discussing Board Certification/ Continued Competence?

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The public through state legislative health initiatives:

## Virginia:

- In 2007, in Virginia, the AARP initiated national model legislation to consider continued competence as a prerequisite for re-licensure.
- Board certification is not linked to re-licensure in any profession. Linking BC to re-licensure is strongly opposed by the AOA and is NOT under consideration by the JBCPT.





# Who is Discussing Board Certification/ Continued Competence?

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## Washington State:

- In 2006, as a result of proposed legislation, the Governor of Washington created a work group that is looking at requiring continuing competence for MDs.

## Oklahoma:.

- Discussions were held in the 2008 Oklahoma State legislature that would require board certification of pediatricians. No action was taken.





# Board Certification

## *Why study the process?*

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- The National Optometric Continuing Education Conference (NOCEC) concluded that “renewed dialogue should be considered involving all stakeholders, organized by ARBO and AOA to reassess the continued competence and board certification topic.” (May 2006)
- Organizations (AAO, ARBO, ASCO, NBEO) at the Optometry 2020 Summit chose *Preferred Futures* relating to competence and board certification. (August 2006)





# Board Certification

## *Why study the process?*

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- We cannot demonstrate “continued competence” (beyond entry level) in the same manner as the other health care professions without a board certification process.





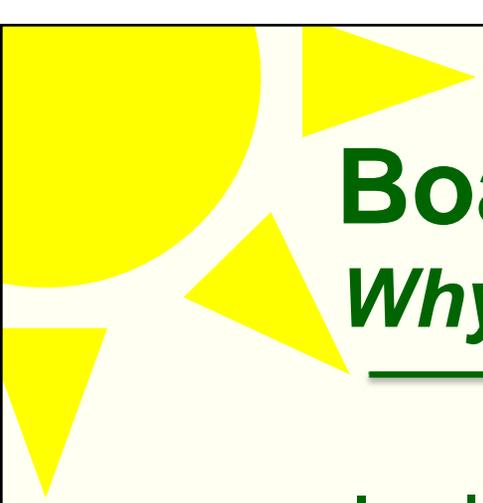


# Why call the process “Board Certification?”

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- The other prescribing professions have already defined Board Certification as “beyond entry level for licensure”.
  - The public has accepted that definition
  - Government (Medicare) has accepted that definition
  - Third party payers have accepted that definition





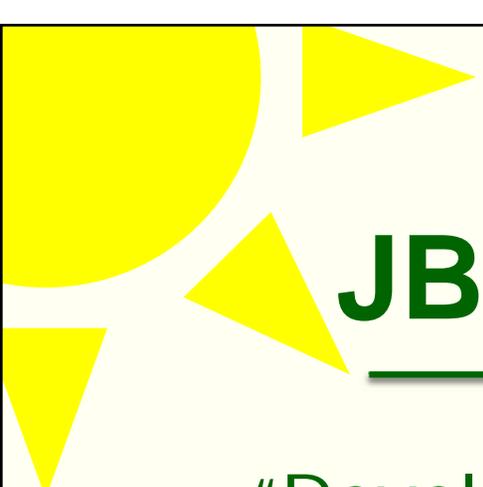
# Board Certification

## *Why study the process?*

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- In light of these developments, the leaders of 6 optometric organizations supported the formation of a joint project team with representatives appointed by their respective organizations to study the issue of board certification and to propose a model process to be considered by the profession.





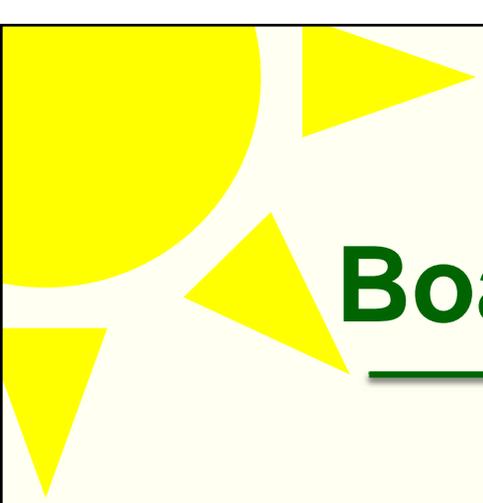
# JBCPT Mission Statement

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“Develop and propose an attainable, credible and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the profession. This model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry. This model will communicate information about these standards to support the public’s quest for high quality health care.”

*–Adopted by JBCPT, November 2007*



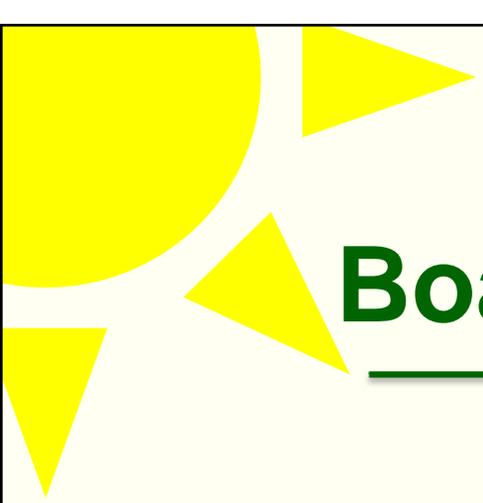


# Board Certification in Optometry

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*Definition:* A voluntary process that establishes standards that denotes that a doctor of optometry has exceeded the requirement(s) necessary for licensure. It provides the assurance that a doctor of optometry maintains the appropriate knowledge skills and experience needed to deliver quality patient care in optometry.





# Board Certification

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- The general practice of *optometry* is the only prescribing doctoral level health care profession that does not have a board certification process available as a measure of continued (beyond entry level) clinical competence.
- All other doctoral level prescribing professions have it.



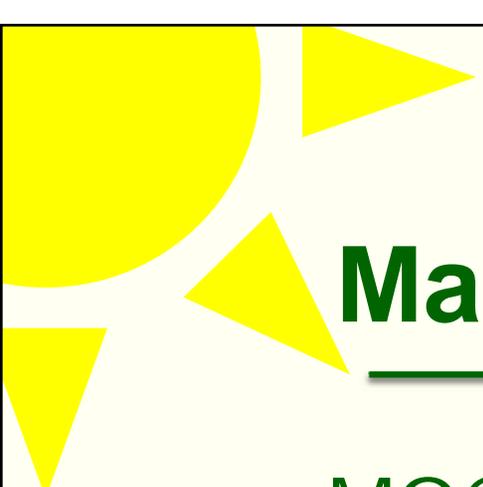


# Maintenance of Certification

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- This is the *key* aspect of the board certification process





# Maintenance of Certification

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- MOC is also a professional response to the need for public accountability and transparency. Through MOC, physicians demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve patient care.



# Board Certification

## *Why study the process?*

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- Web sites like [www.healthgrades.com](http://www.healthgrades.com), are already using board certification as a means to pre-qualify a patient's search for a physician. These sites such as [www.consumerhealthratings.com](http://www.consumerhealthratings.com) and [www.wellpoint.com](http://www.wellpoint.com) are expected to proliferate and be provided at no cost to consumers.
- The first problem: Optometry is excluded
- Quality preferences are
  1. Free of professional misconduct
  2. Board Certification





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Click the icon to get a definition.

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### Your Quality Preferences

**Step 4** Answer the following quality preference questions

**Do you want a physician FREE of professional misconduct?**

- Yes
- Doesn't matter

**Fact:** 1 out of every 100 physicians received a disciplinary action for professional misconduct.

**Do you want a physician that is board certified?**

- Yes
- Doesn't matter

**Fact:** Board certified physicians completed extensive training and testing, going above and beyond medical practice licensure.

### Your Personal Preferences

**Step 5** Answer the following personal preference questions

**How many miles are you willing to travel to see a physician?**

5 miles



# Debunking Myths

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*Myth: My AOA dues will go up to pay for this new organization*

**Fact: The Joint Board Certification Project Team expects any new organization to be self sufficient and your AOA dues will not increase to support this endeavor.**





# Debunking Myths

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*Myth: AOA is driving the process and the AOA Board of Trustees has already decided that we are having board certification regardless of what AOA members or other organizations think.*

**Fact: This is a profession-wide effort with input and direction from many organizations. No one has decided on anything except that the profession needs a model to discuss and consider.**





# Debunking Myths

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*Myth: The process will be so difficult that only sub-specialty trained ODs, academics and residency trained ODs will be able to qualify.*

**Fact: The Joint Board Certification Project Team is considering a process for general optometry at this time. The process will be attainable for the optometrist in general practice and will not involve sub-specialty certification.**





# Debunking Myths

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*Myth: We could solve this problem with a really easy process that really doesn't require any study or testing.*

**Fact: A process that is not credible will not have acceptance by third party payers, state and federal governments or the public.**





# Debunking Myths

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*Myth: We are already board certified since we passed the National Boards*

**Fact: The National Board of Examiners in Optometry tests entry level competence, not competence associated with board certification**





# Debunking Myths

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*Myth: My state association and local optometric society will lose their ability to provide continuing education programs for their members.*

**Fact: The Joint Project Team is acutely aware of the large number of quality CE programs provided on a regional, state and local level. The proposed board certification model includes a means to continue to allow those CE programs.**





# Debunking Myths

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*Myth: If I become board certified, my scope of practice will be higher, right?*

**Fact: No, board certification does not have any effect on your scope of practice which is governed by your state laws.**





# Debunking Myths

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*Myth: If we don't open this "can of worms" it will probably just go away and we will never have to worry about it.*

**Fact: Recent events show that healthcare is evolving and the demonstration of continued competence associated with board certification is not likely to disappear and will probably become more important.**





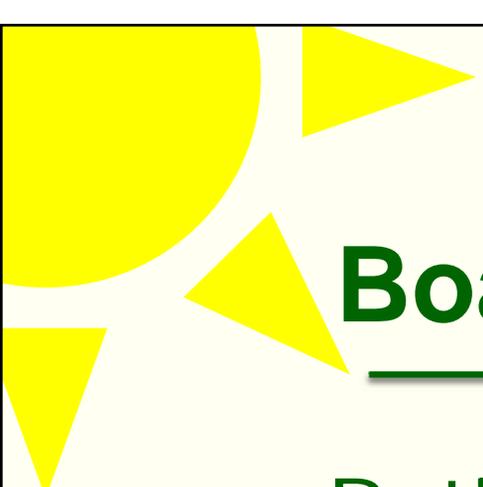
# Debunking Myths

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*Myth: Once we are board certified, we are “home free” and we won’t have to worry about it ever again.*

**Fact: The proposed board certification model includes recommendations for maintenance of certification that will require ongoing education, self assessment, testing and other activities for practitioners who have become board certified in order to maintain their board certification.**



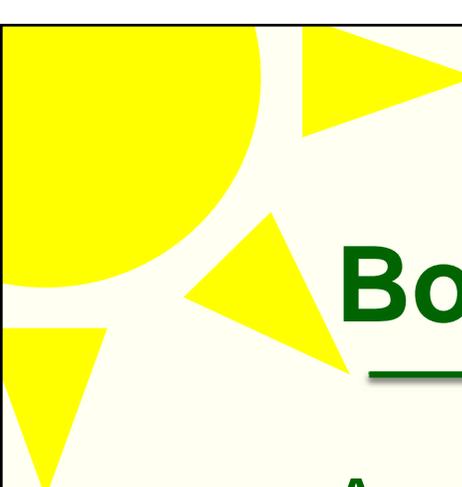


# Board Certification in Optometry

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- Rationale:
  - Ensure the continued inclusion of Optometry in the healthcare system, both governmental and commercial programs and plans
  - Ensure that patients have access to Optometry and that Optometry is not subject to payment discrimination or exclusion





# Board Certification in Optometry

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- As a profession, can we risk doing nothing as the nation undergoes rapid healthcare reform?
- What is the risk-to-benefit ratio?
- Questions?





Deliberation on the JBCPT's  
model for board certification in  
optometry:

**AOA House of Delegates  
Optometry's Meeting®  
June 24-28, 2009  
Washington, DC**





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