



**Optometric Board Certification Model
Answers to
Frequently Asked Questions
of the
Joint Board Certification
Project Team**

21. Q: I'm not familiar with the term "medical home." Could you please explain?

A:The terminology "medical home" has been discussed for the past three to four years by Medicare and CMS as they look for a way to group patients and control increasing health care costs. Central to the medical home approach is the premise that patient-centered care requires a fundamental shift in the relationship between patients and their primary care physicians. There must be a higher degree of personalized care coordination, access beyond the acute care episode, and identification of key medical and community resources to meet patients' needs. The basic premise of this concept is that care that is managed and coordinated by a personal physician, with the right tools, will lead to better outcomes and cost savings.

22. Q: We have all sorts of levels of licensure and scope of practice now. Won't this just make a bad situation worse?

A: Any board certification process that is adopted by the profession would be national in scope so that the Federal government, managed care organizations, consumer advocacy groups and other concerned parties would have a single set of criteria for evaluating continued competence and quality of care optometrists deliver. It is important to note that BC is not tied to licensure or scope of practice. Becoming board certified would not change state regulations or laws which are regulated by your state board and your legislature.

23. Q: How many ODs do you expect would go through this process?

A: The process would be voluntary. Given that this is a profession-wide effort being undertaken by six optometric organizations with significant input from the profession, the expectation is that eventually the majority of practicing optometrists would become board certified.

24. Q: Will board certification, by and for optometrists, be recognized and accepted by the public, government and third party entities?

A: Any board certification process we endorse will be designed to be verifiable, credible and able to bear the scrutiny of any outside organization. It will also be designed to help the profession provide the best possible eye care to our patients. We believe that as long as we develop the process with these issues in mind, we will be prepared for review by outside organizations.

25. Q: Has the AOA Board of Trustees already decided that we are having board certification regardless of what AOA members or other organizations think?

A: No, at this time no decisions have been made except that the profession needs a board certification model to discuss and consider. The project team has been studying the issue and has proposed a model for the profession to discuss and evaluate. The next step is for each of the groups represented by the project team to review the model, get input from their members and determine whether and how they want to move forward with the process.

26. Q: Can't we address this need with an easier process that doesn't require any testing?

A: A process that is not credible will not be accepted by third-party payers, state and federal governments or the public. Testing, combined with other educational requirements, is necessary in order for this to be a respected, credible process.

27. Q: Like family medicine, do you envision that future graduates will be required to complete a residency?

A: We don't know the answer to that yet. The certification mechanism that we are discussing will not require a residency, although recent residencies will count toward the educational requirement to sit for the board certification examination. In the future, it is likely that there will be more residency programs available for our graduates. Eventually, board certification might require residencies; however this is years away and beyond the scope of our current model.

28. Q: Is the model for continued competence similar to that of medicine, where there are requirements to be completed over a period of time?

A: We believe that it will be important for optometrists to have initial board certification, and then maintenance of certification over the subsequent 10 year periods. We want optometry's board certification process to be just as verifiable and just as credible as any in medicine. At the initiation of a process of board certification for optometry we would not have a residency requirement, but there is precedence for this in other professions. Moreover, since it is the *maintenance* of certification that is the real thrust of BC, we can meet any other profession's rigor, step for step.

29. Q: Why use the term “board certification?” Why don’t we use “advanced competence” or some other term?

A: We learned early on that the term “board certification” is the commonly accepted nomenclature used to denote continued competence in health care. It’s a term that the public knows and understands. It is also the common currency in the health care lexicon used to evaluate and demonstrate continued competence of a practitioner.

30. Q: Will the Joint Board Certification Project Team answer every question that is asked of them?

A: The Joint Board Certification Project Team would like to be able to answer each question individually. However, since many questions received are similar, and the answers could benefit others, the Project Team will regularly use this Questions & Answers format, when feasible. Also, because the mission of the Project Team was to develop a *model*, some details have not been developed, with those details left to the American Board of Optometry, if board certification goes forward and a certifying board is appointed.