



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



NATIONAL BOARD
OF EXAMINERS IN OPTOMETRY



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- Jeffrey L. Weaver, OD, Staff



Board Certification in Optometry: *Background*

*Report of the
Joint Board Certification
Project Team*

May 4, 2009



Forty Year History of Board Certification, Competence in Optometry

- 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



Why is Board Certification sought by those outside the profession?

- **The Federal Government** believes it can better ensure quality of outcomes (better quality of care) and thereby control healthcare expenditures. Current Healthcare reform
- **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?

- Federal Government
 - CMS (Center for Medicare and Medicaid Services)
 - Health Care Reform 2009 (Baucus Report)
- NCQA (National Committee for Quality Assurance)
- NQF (National Quality Forum)
- Third Party Groups/Group Health Plans
- State Health Initiatives
- The Public (Your Patients)



Board Certification

Why study the process?

- 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?

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



If asked, can we demonstrate Continued Competence leading to improved quality of care to the public, government & third party payers, in order to participate?

These groups CAN...

Allopathic Medicine

Osteopathic Medicine

Podiatric Medicine (3 separate boards)

Veterinary Medicine

Dentistry (available but rarely used in general practice)

All have board certification routes for continued competence.

Optometry does not.



Why call the process “Board Certification?”

- 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?

- 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

“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

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

- 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

- This is the **key** aspect of the board certification process
- Primary emphasis of American Board of Medical Specialties has turned to MOC.
- Baucus Finance report mentions this



Maintenance of Certification

- 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?

- Web sites like 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 and 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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Step 1 Select a specialist/generalist

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

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

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

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 the competence associated with board certification



Debunking Myths

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

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

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

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

- 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

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



Board Certification in Optometry

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

The risks and costs of action far outweigh the risks and costs of comfortable inaction.

- John F. Kennedy

- Questions?





Deliberation on the JBCPT's model for board certification in optometry will occur within all six organizations. Please e-mail comments and questions to:

Questions@JBCPT.org



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OF EXAMINERS IN OPTOMETRY



Board Certification in Optometry: *Framework*

*Report of the
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Board Certification in Optometry

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 in Optometry

- What will the new board be called?

American Board of Optometry

- Who controls it?

It will be an **independent** not-for-profit corporation.



Board Certification in Optometry

American Board of Optometry

- What is the composition of the board?

Seven members, consisting of representatives nominated by the following organizations:

AAO (1)

AOA (2)

AOSA (1) [OD licensed <5 years]

ARBO (1)

ASCO (1)

Public member (1)



Board Certification in Optometry

American Board of Optometry

- Each member of the board will serve a maximum of two 3-year terms with a staggered initial appointment.
- Organizations will submit a slate of three nominees per position for selection of replacement board members.



Draft Process

- Based generally on American Board of Family Medicine
- Different requirements for those recently completing a Residency, attaining Fellowship in the American Academy of Optometry, and other practitioners
- Credible, Attainable, Defensible



Board Certification Examination

Every candidate will take an enhanced Patient Assessment and Management-like (PAM-like) examination(s) with areas of emphasis.

A PAM examination consists of simulated patient cases. Each case begins with a scenario in which the patient history and clinical data are presented. These data usually include at least one visual.

www.optometry.org/part_pam_sample.cfm



Board Certification Examination

Core Examination Topics:

Refractive Status / Sensory Processes /
Oculomotor Processes

- Ametropia
- Ophthalmic Lenses
- Contact Lenses
- Low Vision
- Binocular Vision / Perceptual Anomalies



Board Certification Examination

Core Examination Topics:

Disease / Trauma

- Lids/lashes/lacrimal system/ocular adnexa/orbit
- Conjunctiva/cornea/refractive surgery
- Lens/cataract/IOL/pre- and post-operative care
- Episclera/sclera/uvea
- Vitreous/retina
- Optic nerve/neuro-ophthalmic pathways
- Glaucoma
- Emergencies
- Systemic health





Board Certification Examination

The examination will consist of questions from all of the core topics

Each candidate will choose **three** topics to weight/tailor the examination toward his or her areas of interest.



General Initial Qualifying Requirements Prior to Examination (Step One)

- **Graduate** of School or College of Optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- Possession of an **active license** to practice **therapeutic** optometry in a State, District of Columbia, U.S. Commonwealth or Territory.
- **Clearance** of Search of National Practitioner Data Bank (NPDB) & Healthcare Integrity and Protection Data Bank (HIPDB)
- Statement of adherence to American Board of Optometry **Code of Ethics**



“Board Eligible/ Active Candidate” Status

- Use of the term “Board Eligible/Active Candidate” is restricted to the three-year period immediately following completion of Step One of the Initial Qualifying Requirements, and submitting application for Board Certification along with the application fee.



“Board Eligible/Active Candidate” Status

- Board Eligible/Active Candidate status is renewed in one-year increments not to exceed a period of three years with the completion of 1/3 of the total point requirements of Step Two in each year of eligibility.



General Initial Qualifying Requirements Prior to Examination (Step Two)

- Proof of three years active licensure
Exceptions:
 - Residency: The 3-year active requirement is waived after completion of the residency
 - Certificate of Fellowship (Clinical) in the AAO reduces active licensure requirement to one year
- 150 Points of Post-Graduate Educational Requirements

Note: The requirements will be modified for the initial three years of the availability of the process (See Slide 57)



Post-Graduate Educational Requirements

- A minimum of 150 points after initial licensure establishes eligibility for the examination.
 - These must be attained within the **three years** immediately prior to the examination and can be attained by the following experiences. Note that these categories may have minimum or maximum points permitted.



Post-Graduate Educational Requirements

1. Residency:

- Worth 150 points if within three years of completion, or
- Worth 100 points if between 3-10 years of completion.
- * In addition, the three-year active licensure general requirement is waived.

2. Fellowship in the American Academy of Optometry (Clinical)

- Worth 50 points toward the requirement if within 10 years of completion of Fellowship.
- * In addition, the three-year active licensure general requirement is reduced to 1 year.

3. Other Educational Activities



Post-Graduate Educational Requirements

Category I

A Minimum of 50% of Points must be Category I.

- A. Continuing Education conferences, meetings or workshops carrying American Board of Optometry-authorized credit (such as State, District of Columbia, U.S. Commonwealth or Territory **board approved** or **COPE-approved** credit). (Continuing Education with Examination, CEE, is acceptable but not required, and will be credited with 2 points per hour of education)



Post-Graduate Educational Requirements

Category II

A Maximum of 50% of Points can be Category II. A Maximum of 20% of the total points can be from any lettered sub-category.

- A. **Educational activities** (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the Accreditation Council on Optometric Education (ACOE), and medical schools approved by the Liaison Committee on Medical Education (LCME).



Post-Graduate Educational Requirements

Category II (Continued)

- B. **Distance learning courses**, both interactive and non-interactive, with examinations that qualify for American Board of Optometry-authorized credit (such as State, District of Columbia, U.S. Commonwealth or Territory board approved or COPE-approved credit) upon completion. (Examples include electronic media, audio/video tapes, and journals.)
- C. **Educational** or scientific portions of hospital meetings, local optometric or medical society meetings, or grand rounds **not approved by COPE or the state board.**



Post-Graduate Educational Requirements

Category II (Continued)

- D. Other American Board of Optometry-authorized **performance in practice** activities (**other than SAMs or PPMs**), such as web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.
- E. An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education, that is designed to enhance a participant's instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.



Post-Graduate Educational Requirements

Category II (Continued)

F. Scholarly Activities

- Members of teams who **develop** assessment tools, including Self-Assessment Module (SAM) and Performance In Practice Module (PPM) Knowledge Development for initial and maintenance of certification for optometrists, item developers for the National Board of Examiners in Optometry (NBEO), members of graduate thesis committees or AAO oral examination committees.



Post-Graduate Educational Requirements

Category II (Continued)

F. Scholarly Activities (Continued)

- Teaching healthcare students or healthcare professionals.
- Review of manuscripts for publication in a peer-reviewed optometry, medical or scientific journal.
- Publication of a clinical, review or research article in a peer reviewed optometry, medical or scientific journal.



Post-Graduate Educational Requirements

Category III (Under Development)

- A. Completion of Self-Assessment Modules (SAMs) and Performance In Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry.

- B. This is a critical component of Maintenance of Certification.



Post-Graduate Educational Requirements

**For those who apply within a three-year window from the date on which the American Board of Optometry accepts applications:*

ACOE-accredited residency will count 150 points regardless of when completed.

Fellowship in the American Academy of Optometry (Clinical) will count 50 points regardless of when completed.

Experience in Practice Points will be accrued equal to 3 points per year of active licensure (Max 75 points)



Post-Graduate Educational Requirements

*All points are subject to final approval by
the American Board of Optometry.*



Board Certification in Optometry

Typical Existing Practitioner Model:

1. Apply for Board Certification → *Board Eligible/Active Candidate*
2. Obtain 50 points in each of next three years to maintain *board eligible/active candidate* status
3. Apply for and take American Board of Optometry examination at end of third year
4. Begin Maintenance of Certification 10-year process



Maintenance of Certification

- Professional Standing
 - Current, valid, unrestricted, therapeutic license
- Lifelong Learning and Self-Assessment
 - Education (CE) and self-assessment (SAM)
- Practice Performance Assessment (PPMs)
 - Demonstrate ability to assess the quality of care provided compared to peers and national benchmarks and apply best evidence or consensus recommendations to improve care using follow-up assessments.
- Cognitive Expertise (PAM-like examination)
 - Demonstrate through examination fundamental practice-related and practice environment-related knowledge to provide quality of care



Maintenance of Certification

Self-Assessment Modules (SAMs)

- Provide in-depth assessment of current knowledge in specific content areas
- Consists of 2 parts: a 60 item knowledge assessment, with direct links to supporting references and critiques, and a clinical simulation that focuses on patient management
- Completed over the Internet, usually in 1-4 hours



Maintenance of Certification

Performance In Practice Modules (PPMs)

- Comprised of a quality improvement activity which takes place over a 3- to 6-month period
 1. Complete Practice assessment questionnaire
 2. Select 10 patient records based on specific diagnostic codes
 3. Enter data on various clinical measures
 4. Immediate feedback on how responses compare with peers
 5. Program will suggest interventions to affect clinical outcomes



Maintenance of Certification Process

Every 10 Years in Three 3-Year Stages

SAMs (Self-Assessment Module)

- SAM = 15 points
- Once started, must be completed in one year

PPM (Performance In Practice Module)

- PPM = 50 points



Maintenance of Certification Process

Every 10 Years in Three 3-Year Stages

STAGE I, II and III

- **150** Total Points needed in each stage

2 SAMs and 1 PPM required = **80** points

Other activities = **70** points

- Category I: Minimum of 50% (Min of 35 per 3 years)
- Category II: Maximum of 50% (Max of 35 per 3 years)



Maintenance of Certification Process

May apply for recertification examination in either the 9th or 10th year of the certification cycle.

All Stage III requirements must be completed to be eligible for the examination.





“Given your limited number of accredited training programs, I think that the options that you have created for acceptable pathways to certification are very reasonable. Congratulations on the development of an excellent document.”

James C. Puffer, M.D.

President and Chief Executive Officer
American Board of Family Medicine





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