Optometry’s Response to Value-Driven Health Care Reform
Consumers deserve to know the *quality* and cost of their health care. Health care *transparency* provides consumers with the information necessary, and the incentive, to *choose health care providers based on value*. (HHS.gov)
Value-Driven Health Care:
Some Assumptions

• All doctors, all procedures, all medications and all treatments are not equally effective

• Some are more effective than others

• Some are not effective at all
Value-Driven Health Care

• Continued Competence is a key measure of quality
• Continued Competence is demonstrated by Maintenance of Certification (MOC)
• You can’t have MOC without Board Certification (BC) first
• Optometry does not have a board certification model that serves the entire profession
Value-Driven Health Care: Demonstrating Value

• How do you demonstrate competence beyond entry level skills (licensure)?
• How do you demonstrate ongoing continued competence (MOC)?
Board Certification in Optometry

Is this a new idea?

Why are we suddenly looking at this now?

What’s the rush?
The Key Players Discussing Board Certification/Continued Competence

1. Federal Government
   • Health Care Reform 2009 (Baucus Report mentioned earlier)
   • CMS (Center for Medicare and Medicaid Services)
   • Pay for Performance/Physician Quality Reporting Initiative (PQRI)

2. NCQA (National Committee for Quality Assurance)

3. NQF (National Quality Forum)

4. Third-Party Groups/Group Health Plans

5. State Health Initiatives

6. The Public (Your Patients)
For the first time, requiring “board certification” to be a provider in the Patient Center 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

Federal Government: (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, MD, JD
CMS Medical Officer and Senior Advisor to the Center for Medicare Management at the April 2008, AOA Advocacy Conference
Federal Government: (PQRI)

The CMS is working to enhance the value of health care services for Medicare beneficiaries in many ways, including the adoption of value-based purchasing approaches that tie measured performance to payment and transparency of health care information. We are currently working on a plan for value-based purchasing for professional services.

Tom Valuck, MD, JD; CMS Medical Officer and Senior Advisor to the Center for Medicare Management
April 17, 2009
Private sector payers have expressed an interest in using maintenance of certification programs for professional accountability. It is in the CMS' interest to align our payment incentive programs with similar private sector programs to maximize the impact of the incentives and reduce the burden of accountability on professionals through alignment of public payer and private payer accountability mechanisms.

Tom Valuck, MD, JD; CMS Medical Officer and Senior Advisor to the Center for Medicare Management
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April 17, 2009
A new PQRI participation option would be added to the existing options described above. Eligible professionals could also receive PQRI incentive payments for two successive years if, on a biennial (every two year) basis, the physician (1) participates in a qualified American Board of Medical Specialties certification, known as the Maintenance of Certification or MOC, or equivalent programs, and (2) completes a qualified MOC practice assessment.

April 29, 2009
Establishing Continued Competence

- There are 2 routes to Continued Competence
  - link continued competence to license
  - link continued competence to board certification

  *If linked to license: you risk the status of your license if you don’t maintain competence.*

**OR……**

- Link continued competence to Maintenance of Certification and Board Certification becomes the first step
Using state boards to prove or demonstrate continued competence won’t work.

There are many shortcomings in the state board concept of maintenance of certification. Just the opposite is true with a process that is not linked to license.

1. It is voluntary, not mandatory as a process linked to licensure would be.
2. It will be a national certification as opposed to the many different state or third-party mandates.
3. It will also possibly help to advance license portability – not construct even more roadblocks, as a state controlled processes would.
4. Finally, I believe board certification will work to unify our profession.

Letter to AOA Members April 30, 2009
Joe E. Ellis, O.D.
Vice President AOA
Eye Care Associates of Kentucky
Benton, Kentucky
Maintenance of Certification

• MOC is professional response to need for public accountability and transparency.
• Through MOC, physicians demonstrate they can assess the quality of care they provide compared to peers and national benchmarks--then apply the best evidence or consensus recommendations to improve patient care.
• This is the **key** aspect of the board certification process, **this can/will denote continued competence**
• Primary emphasis of American Board of Medical Specialties has turned to MOC
• Baucus report mentions this
• The need for MOC is the reason to pursue Board Certification
Why call our 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 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.
Comments We’ve Heard

• “I don’t want board certification. I don’t want to spend the money, and I don’t want to take a test. If you would just take a poll, you’d understand that ODs just don’t want it.”

• “General board certification for optometry is a joke. I can only support the certification of residency trained optometric specialties.”
Comments We’ve Heard

• “We are already board certified since we passed the National Boards.”

• “The AOA is ramming this down our throats. Clearly, there is some political agenda on the part of the AOA.”
Comments We’ve Heard

• “They’re just trying to scare us with ‘if we don’t do it, someone will do it to us’.”
• “Why can’t we take more time to discuss this? What is the rush?”
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.
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 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.
“There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”

- John F. Kennedy
Demonstrating continued competency through board certification will be an essential criterion - the price of admission - for participation in Government and private insurance coverage.

Optometry is the only prescribing doctoral-level health care profession that doesn't have a process to measure continued competency beyond entry level. Board certification is crucial to maintain equal status with other health care professions in the eyes of the public and policymakers.

Optometry must always look forward to anticipate change and grow as a profession.
Initial Board Certification
Post-Graduate Educational Requirements

Category I
A Minimum of 50% of Points must be Category I.
Continuing Education carrying American Board of Optometry-authorized credit (such as State board approved or COPE-approved credit).

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.
Maintenance of Certification

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)

FOR YOU: CAT I only: 12

All education: 24
Subtract CE per year - 18 - 18

More needed per year: 0 6
The Decision

• Be Proactive
  – Develop our own process
• Have one developed for us by someone (State Agencies, Federal, or multiple third party payers)
• Or we can choose to not act. For me, that is the worst decision, for many reasons.
  – The cost of that decision?
  – This is the route we chose when we (the AOA HOD) voted to not endorse pharmaceutical utilization by OD’s in the 70’s. The cost of the those two decisions we still deal with, 50 states, 50 different scope laws. And still lack of parity and participation many healthcare plans 21 years after inclusion into Medicare.
Refinements to Model
Effective 5/4/09

• BOARD ELIGIBLE now becomes:
  BOARD ELIGIBLE/ACTIVE CANDIDATE STATUS

Upon confirmation of the requirements, the American Board of Optometry will confer that the candidate is BOARD ELIGIBLE or an ACTIVE CANDIDATE for a period of one year. Candidates may renew this status for up to three years by submitting proof of completion of 50 points progress toward completion of Post-Graduate Educational Requirements by the end of each year of board eligibility.
Refinements to Model
3-YEAR START-UP WINDOW

POST-GRADUATE EDUCATIONAL AND EXPERIENCE REQUIREMENTS

150 points after initial licensure establishes eligibility for the board certification examination:

- ACOE-approved residency (150 points) regardless of when completed
- Fellowship in the American Academy of Optometry (50 points) regardless of when completed
- Experience in Practice Points (3 points per year of active licensure, up to a maximum of 75 points)
- Category I and Category II education
Residency Route

Completion of ACOE Approved Residency

ACOE-APPROVED RESIDENCY COMPLETED? (150 POINTS)

YES

STEP 2: APPLY FOR BOARD CERTIFICATION EXAMINATION
Academy Fellowship Route

ACADEMY FELLOWSHIP ROUTE
Fellowship in American Academy of Optometry (Clinical)

FAAO [CLINICAL] COMPLETED? (50 POINTS)

NOT ELIGIBLE FOR ACADEMY FELLOWSHIP ROUTE

YES

1 YEAR ACTIVE LICENSURE?

NOT YET ELIGIBLE

NO

YES

OBTAIN 100 ADDITIONAL POINTS

STEP 2: APPLY FOR BOARD CERTIFICATION EXAMINATION
Traditional Route

TRADITIONAL ROUTE

3 YEARS ACTIVE LICENSURE?

NO

NOT YET ELIGIBLE

YES

OBtain 150 POINTS

STEP 2: APPLY FOR BOARD CERTIFICATION EXAMINATION