

Project team takes questions about proposal

In order to shed further light on the proposed model for board certification, AOA News asked members of the Joint Board Certification Project Team (JBCPT) to answer common questions about the process. To submit a question to the team, write: questions@jbcpt.org.

Q: How does the Joint Board Certification Project Team define or describe board certification in optometry?

A: The JBCPT defines board certification as: 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 continuing quality patient care in optometry.

Q: Why study board certification at all, and why now?

A: There are several reasons. Health care is evolving, and the expectations of consumers, insurers, the government and other third parties are changing. Optometry must address the changes, or risk being left behind.

Currently, the general practice of optometry is the only prescribing doctoral-level health care profession that does not have a board certification process for the practitioner in general practice. While the College of Optometrists in Vision Development (COVD) administers a program that leads to board certification, there is currently no program for initial and ongoing measurement of competence beyond entry level for the OD in general practice.

There is also a growing interest by managed care organizations and federal programs to address employer and patient inquiries regarding the quality of care offered. One option available to them is to consider requiring board certification for participation on a panel.

The health care community is also seeing new legisla-

tive initiatives, most recently introduced in Virginia, to accomplish this end result. Legislation that was introduced in Virginia was not introduced by the profession or by the legislature. It was instead introduced by a local AARP affiliate. AARP is probably the single most dominant citizen advocacy group today. These initiatives seek to ensure that health professionals have demonstrated ongoing competence.

There are also states that have started to propose laws for study commissions to look at requiring board certification as a condition of license renewal.

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. Additionally, in Oklahoma, discussions were held in the 2008 legislature to require board certification of pediatricians, though no action was taken.

Additionally, many organizations at the recent Optometry 2020 Summits chose preferred futures that were related to advanced competence and/or board certification.

So at this point, you have managed care organizations, federal regulatory agencies, state governments and the public all at various stages of working to ensure that health care is of high quality and that the costs are controlled. They all are recognizing that being able to demonstrate continued competence may serve as an important component of addressing these quality and cost challenges.

Q: Who is asking for board certification?

A: Consumers, managed care organizations, federal regulatory agencies, state legislatures, insurers, the government and other third parties are the driving forces behind this change.

Q: Why is board certification being asked for by those outside the profession?

A: Our research and experience indicate that consumers want assurance that their doctor has maintained the knowledge, skills and experience necessary to deliver quality patient care.

The federal government believes a process like board certification can better ensure quality of outcomes (better quality of care) and thereby control health care costs. Third-party payers believe they can provide better care to their enrollees, control costs and capture more of the market with a program like board certification.

Additionally, managed care organizations, state and federal regulatory agencies and patients are all working to find a way to control the cost and improve the quality of health care. They recognize that board certification may serve as an important component to address these issues.

Q: Is the AOA driving this process?

A: No. This is a profession-wide effort with input and direction from representatives of six optometric organizations comprising the JBCPT that include the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), the Association of Regulatory Boards of Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO).

Representatives were appointed by these organizations to propose a model process for board certification for the profession to discuss and evaluate. It is important to note that none of the organizations involved in this project has voted to adopt board certification. They have only voted to form a joint team to study the issue and propose a format that can be considered by the various stakeholders and

then the profession.

Although the AOA will likely have representation on any certifying board, just as the other organizations, the AOA will not be the certifying entity and will not control the process.

Q: What is the role of the Joint Board Certification Project Team?

A: This is not a decision-making body, but a project team with input from the representatives of their respective organizations.

The JBCPT is charged with developing and proposing an attainable, credible and defensible model for board certification in optometry and maintenance of certification. The model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry and will communicate information about these standards to support the public's quest for high quality health care.

The model process for board certification proposed by the project team will be evaluated by each of the professional organizations that will then decide whether to approve or reject it.

Q: What sort of background work and research has been done to help the JBCPT begin to look at development of a framework?

A: The JBCPT studied more than 3,000 pages of background materials including other health care board certification models, industry standards and pre-qualification requirements for third-party payers and managed care providers and various legislative initiatives related to continued competence. It also conducted a series of focus groups to provide additional insight and feedback to the project team during the development process.

Q: Have any ODs been rejected from plans because they weren't board certified?

A: To our knowledge, no optometrists have been excluded from plans or rejected due

to a lack of board certification. However, independent Web sites, such as www.healthgrades.com, and others are already using board certification as a means to pre-qualify a patient's search for a physician.

These sites are expected to proliferate and be provided at no cost to consumers. Additionally, the Centers for Medicare & Medicaid Services (CMS) require "board certification" in order for a provider to be part of the CMS sponsored and paid-for medical home program.

The program is currently limited to MDs/DOs. Programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance may require board certification in the future.

Q: If there aren't any ODs who have been rejected so far, why should we go through all this?

A: Optometry cannot afford to wait until it's too late. Health care is evolving, and the expectations for providers are changing.

Optometry is currently the only prescribing doctoral-level health care profession (other than the relatively new Doctorate of Nursing) that does not have a process such as board certification for individual providers to use as a measure of continued competence beyond entry level. All other doctoral-level prescribing professions have it.

Optometry must address the changes, or risk being left behind. The lack of board certification for optometrists may hinder optometrists' ability to be accepted in managed health care plans and put optometrists at a disadvantage when applying for panels or being listed on health care "score cards."

It may also mean being left off PQRI and Pay for Performance programs in the future as well as limiting provider opportunities with the medical home program. There is a lot at stake for optometry.