

# Hopping files for secretary-treasurer

**R**onald L. Hopping, O.D., MPH, has filed for election to the AOA Board of Trustees as secretary-treasurer.

Dr. Hopping was first elected to the board in 2005. Dr. Hopping currently serves as the liaison trustee to the Advocacy Group Executive Committee, the Federal Relations Committee, the Federal Legislative Action Keyperson Committee, the Commission on Quality Assessment and Improvement, the Health Information Technology and Telemedicine Committee, the Professional Relations Committee, the Contact Lens and Cornea Section Council, the Medical Home Project Team, the Practice Transitions Committee and the Community Health Center Committee.

He has also served as chair of the Practice Perpetuation Project Team, Information & Member Services Group and the AOA

Communications Group Advisory Committee and on the AOA Finance Committee, the Healthy Eyes Healthy People® Oversight Committee and the Constitution and Bylaws Committee.

Dr. Hopping has served as liaison trustee to the Clinical Care Group and 20 state affiliate associations. He oversaw the development of the AOA Dr. Locator program to enable the public to find AOA member doctors and was instrumental in expanding the Save Your Vision celebration into a month-long media event.

Dr. Hopping is a past president of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. Dr. Hopping has been actively involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation while defending optometry's legislative gains.



Dr. Hopping has served as a full-time faculty member with the rank of assistant professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He is currently an adjunct associate professor at UHCO.

Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in Optometry and was elected to its executive committee. He is a Fellow of the American Academy of Optometry and is also a Diplomate in Cornea and Contact Lenses.

Dr. Hopping is in full-time primary care practice with his spouse, Desiree Hopping, O.D., and two associates in Houston, Texas. The Hoppings have two children, Reed and Grant.

## Win prizes, attention in AOA Photo Contest

As a way of building a storehouse of arresting and beautiful photos, the AOA announces its first photo contest. Open to AOA member ODs, American Optometric Student Association (AOSA) member students and Paraoptometric Section members, the contest's top prize in each category is \$500 cash. All participants will have a chance at seeing their photography in AOA publications or online media.



### Prizes:

There will be one \$500 cash winner in each of four categories: Practice Settings, Special Populations (children, seniors, disabled or diverse), Community, and Events. The first finalist in each category will win an AAXA Pico Projector, a pocket-sized LCD projector valued at \$259. The second finalist will win a digital picture frame valued at \$125. The third finalist and the Altered Image winner in each category will each receive a "gallery-wrapped" 16" by 20" print of their winning photo. In addition, an entrant chosen at random – and his or her guest – will be invited to meet Jeff Foxworthy at Optometry's Meeting® for a photo session.

### Contest dates:

The American Optometric Association's Photo Contest begins April 1, 2009, and ends May 15, 2009, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

### Eligibility:

Members of the AOA, the AOA Paraoptometric Section and the AOSA are eligible. For details and to submit photos, visit [www.aoa.org/photocontest.xml](http://www.aoa.org/photocontest.xml).



## LETTERS

### A change of mind

Editor:

Like so many other doctors of optometry, I find myself embroiled in the hotly debated topic of board certification (BC) and the model presented by the JBCPT. We all know that the topic itself is not new to our profession after having been presented, and defeated, as ABOP.

In addition to being a private practitioner and 13-year AOA member, I am a trustee for the New Mexico Optometric Association (NMOA) and the Secretary for the Southwest Council of Optometry (SWCO). As a leader in the profession, I must remember to represent the wishes of those who chose me to lead. As a private practitioner, I am very much in tune

with the needs of my colleagues given today's economic climate.

As then-AOA Trustee and now AOA Secretary-Treasurer Dr. Carlson can attest, I was strongly opposed to board certification. In May 2008, Dr. Carlson attended the NMOA convention and discussed the issue with our board. I vocalized my opposition rather vociferously. In that vein, I maintained my opposition for many months to come.

My arguments against BC were the same as those I have heard from many colleagues. My concerns consisted of, but were not limited to:

1. There has never been a documented case of OD discrimination based solely upon a lack of board certification,
2. BC will not offer increased access to medical plans that disqualify us because of our professional

credentials,

3. Lack of a required residency negates any potential professional gains that could possibly be made by the claim of being "board certified,"

4. BC will not raise our professional standing in the eyes of our adversaries, nor remove the proverbial targets on our backs. It will not increase our scope of practice, nor will expansion of scope be made any easier,

5. The current model is fabricated to be a voluntary venture. TPA/DPA privileges were

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voluntary; however VSP fired those senior docs that did not keep up with the times. How soon before this voluntary process results in the "firing" of senior docs?

I took these concerns directly to the AOA leadership and discussed them with Drs. Peter Kehoe, Randy Brooks, and David Cockrell. I found each doctor to be surprisingly candid. I would like to summarize the results that helped convert me to a proponent of board certification.

1. The AOA admits there are no documented cases of discrimination based solely on the purpose of BC. However, the Medicare Medical Home project expressly excludes any physician who is not board certified. This includes MDs and DOs. Optometry, identified as physicians in Medicare, is not included despite lobbying by the AOA. Some oppo-

nents to the BC process cite dentistry as an argument against BC. We must remember that while dentistry does have a voluntary board certification process, dentistry is not included in Medicare. To be fair and accurate, the Medical Home project specifically excluded specialties that could not in their capacity act as general practitioners.

"Excluded specialties and subspecialties include radiology, pathology, anesthesiology, dermatology, ophthalmology, emergency medicine, chiropractic, psychiatry, and surgery." However, the exclusion of non-board certified MDs and DOs does establish a precedent, and one for which we must be prepared to defend against in future Medicare initiatives.

2. Changes in the health

See Letters, page 10



## Letters,

from page 5

care arena are approaching rapidly. The Medicare PQRI and Pay-for-Performance initiatives to me are the writing on the wall. Optometry must position itself so that our profession can effectively evade any discrimination based solely upon the degree that hangs on our walls.

3. Family practice established a board certification process that initially consisted of a testing process akin to, but not entirely equal to, that presented by JBCPT. The process led to the development of family practice residencies.

4. The purpose of the task at hand is to protect our profession with the development of a defensible board certification process. The profession is still, and will remain, a legislated profession.

5. I do not believe that board certification will remain voluntary for an extended period of time. The profession is evolving, health care is evolving, and this is part of an evolutionary process. As the adage says, "the one constant is change."

The *coup de grâce* for my opposition to optometric board certification came in March 2009. The South Carolina Medical Association testified against South Carolina House Bill 3303. In their testimony, numerous physicians stated that optometrists "are not board certified" and do not have a method in place for "maintenance of certification." These words still ring poignantly in my ears and are the penultimate reason that I am a proponent for board certification. This was the first instance in which board certification had been an issue during expansion of scope legislation. The issue is out there now, and it must be dealt with.

The JBCPT model is not a panacea for our profession. I submit that while I agree to a host of issues facing our profession, with the current political climate it would be a grave mistake to not move forward with board certification.

Each and every one of us has a lot at stake at the 2009 House of Delegates. I encourage all optometrists, be they AOA members or not, to learn

as much about the board certification model so that they can make a thoughtful and educated decision regarding the process. This is our profession and we own it. Please educate yourself entirely on the pros and cons of this hotly debated issue and discuss your concerns with the association's leadership. It was this openness of conversation that led to my conversion from opponent to proponent for BC.

Cordially,  
Brent E. Shelley, O.D.  
Las Cruces, N.M.

I have heard that membership in the AOA could drop due to the outcome of this vote and this subject could fracture our profession. When coming out of school I was told by senior optometrists that I have to respect what other optometrists have done before me and the challenges they faced to create the profession into what it is today.

Will the next generation respect us if we lose the scope of practice others have worked to secure and limit their income within the profession? With stratified reimbursement rates from third-party payers

the *AOA News*) I must admit that I was surprised to see that I had been promoted to the position of "ARBO executive director." That distinctive position belongs to the very capable and hard-working Diane Nickolson. I am a member of the ARBO Board of Directors, as well as the current president of NBEO. More importantly, I am a practicing optometrist.

I want to thank the JBCPT for hosting the pictured forum at SECO. I just wish that the attendance had been better, as all of those in our profession need to be fully informed on this initiative. I

organizations of optometry.

Having been in private practice for 39 years, as well as a senior member of the optometry staff of Cedars-Sinai Medical Center in Los Angeles and, in addition, a lecturer, author and editor in neuro-ophthalmic disease and retinal degeneration with electro-physiological correlates, I wish to challenge the model for the board certification proposed by the JBCPT.

Instead of continuing the excellent ongoing approved continuing education courses given by the various optometric and ophthalmologic organizations and teaching institutions, and adding short take-home open-book self-assessment examinations of salient course information to be sent to the respective centers for pass/fail grading, the JBCPT has created a model of making the optometrist "jump through hoops" in the form of "busy work" so as to earn credit points (i.e., a giant "Easter egg hunt"). This newly formed organization advocates the following ways to earn additional credit points besides taking continuing education courses: earn a Master's degree in clinical optometry, teach at a school of optometry, review manuscripts and publish manuscripts. For years I was personally involved in the latter two options. Although each of these recommendations does provide a more in-depth understanding of a certain area of concentration, I am not convinced that any of the above options actually provides an increase in clinical competence.

I strongly believe that the above items have been pro-

*See Letters, page 12*

## *Optometry must position itself so that our profession can effectively evade any discrimination based solely upon the degree that hangs on our walls.*

### **Board certification: To be or not to be**

Editor:

Throughout the board certification debate, as an optometrist and business owner I have had to collect information, comprehend opinions and formulate a stance on this highly debated issue. What seems to be the glaring, overriding point is that we all need to do what is best for the profession and not for the individual.

Individuals can adapt to the system put in place. Who determines what is best for our profession one might ask? I am under the impression that my American Optometric Association and Minnesota Optometric Association dues are my commitment to preserving the profession of optometry, my way of life and allowing for the next generation of optometrists to practice with their full scope of abilities.

The scope of our practice has evolved to include diagnostic and therapeutic agents, oral medications, and minor surgical procedures. We should support our elected officials to represent our opinions and goals for our profession with the Joint Board Certification Project Team (JBCPT).

on the horizon, we must be prepared to shape our profession to fit that model.

When evaluating other medical professions' drive for competency testing and changes in third-party evaluation for pay-for-performance, the AOA has a duty to work with all the organizations of the JBCPT to identify risks to our profession and secure competency testing if required. Arguing about the validity of testing, the exclusion of non-qualified optometrists and who stands to gain from this action is unwarranted. The fact remains that restructuring is coming and optometry better be ready. The AOA must be part of the solution team that devises a system of continued competency testing that meets the qualifications for respect in the insurance world and medical community.

Plainly stated, the AOA has an obligation to represent me, my business and my profession with the best interest of all being in their mindset.

Best regards,  
Trent Cole, O.D.  
St. Michael, Minn.

### **Mis-titled**

Editor:

While it is always nice to see one's photograph in print (page 6, March 23 edition of

urge my colleagues to read the information about the JBCPT that is posted on the AOA Web site and to talk with your association leadership about this very important issue.

Janet Carter, O.D.  
Las Vegas, Nev.

### **An opinion on board certification**

Editor:

Within the last two years, I have read with great zeal several articles in the *AOA News* and *Primary Care Optometry News* written by Randolph Brooks, O.D., of Ledgewood, N.J., John McCall, O.D., of Crockett, Texas, and more recently Jeffrey Weaver, O.D., of the JBCPT regarding the need for a board certification in optometry. This movement, which was spearheaded by these optometrists, began long before the new Obama presidential administration and thus was a decision solely from a faction of ODs and not a recent presidential request from Washington, D.C.

The culmination of this proposal by this faction has resulted in the formation of the Joint Board Certification Project Team, which consists of representatives from all of the academic and political

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## Letters, from page 10

posed by zealous academicians and clinicians at the helm, who are insulated from the reality of private practice.

Optometrists must strive for clinical competency and not be treated as Boy Scouts pursuing tasks to give them “arrows” and badges in scouting recognition.

In addition, based on the JBCPT model, the “playing field” would not be level if ODs participating in any of the above options would be given “extra credit” to be used in lieu of taking continuing

education courses.

As I advocated earlier in this rebuttal, the open book short self-assessment examination taken after each approved continuing education course should be

stored in a data bank set up by the JBCPT so as to monitor the testing results of each optometrist who is participating in this program.

At the end of the 10-year period, each optometrist who has received a passing grade for the total number of possible points shall become certified by this new board. My rationale for recommending short, open-book self-assessment examinations to be taken for credit and sent to the center offering the continuing education course is that there is a “fall off” of retaining new information learned in a course if notes and syllabi are not reviewed within a certain length of time (i.e., an inverse relationship).

Another way of paraphrasing this previous statement is to say that it is very difficult to review “cold notes.”

Hence, immediate self-assessment study and exami-

nation would be my recommendation instead of waiting 10 years for a comprehensive board examination should a governmental mandate be authorized.

I challenge the optometric zealots who have come “out of the closet” to “hold court” and create severe “experimental neurosis” amongst practicing optometrists.

This faction has “missed the boat” on the purpose of clinical competency and should be returned to the “closet” forever with the clos-

**The JBCPT has created a model of making the optometrist “jump through hoops” in the form of “busy work” so as to earn credit points.**

ing of “Pandora’s Box.”

In addition to my recommendation of continuing education courses with self-assessment examinations for credit, I also advocate instituting the program for advanced

clinical skills, which has already been implemented in some states, but not California.

This course involves the practical aspects of case analysis of the treatment and management of glaucoma, as well as the use of oral medications.

Upon completion of this course and subsequent examination, optometrists would then be able to implement these skills in their practices by having additional clinical privileges.

Although at the present time, no one knows what directive will come from the Obama administration regarding board certification for optometry, it has been my feeling for over two years and long prior to the election of our new president, that a master plan had been created by the faction of optometrists spearheaded by names cited in the beginning of this rebuttal.

This plan was to have organizations such as the

## Process, from page 9

Maintenance of Certification (MOC) for optometrists, item developers for NBEO, members of graduate thesis committees or AAO oral examination committees.

- ❖ Teaching health care students or health care 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.

Category III Education (for Maintenance of Certification, not initial board certification)

A. Completion of SAMs and PPMs designed to enhance knowledge and skills significant to the practice of optometry.

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

AOA, American Academy of Optometry, and the schools of optometry generate a significant amount of revenue from tuition that would be paid by ODs who plan to complete a formal board certification.

In closing, I believe that I have proposed a board certification model, which is exclusively completing continuing education courses and graded self-assessment examinations from approved optometric and ophthalmologic organizations and teaching institutions.

This approach should be sufficient to prove to governmental health care committees and insurance carriers that optometry can “come to the table” and be considered as the primary provider for eye care delivery systems in the new era of health care management.

Gary M. Lazarus, O.D., Ph.D.  
Manhattan Beach, Calif.

## Step Three: Completion of the Board Certification Examination

A board-eligible optometrist should pass the examination within 12 months of submitting the Application for the Board Certification Examination.  
*Board Certification Examination*

The examination is an Enhanced Patient Assessment and Management-like (PAM-like) examination(s) with areas of emphasis

- ❖ Possible examination topics:

Refractive status/ sensory Processes/ oculomotor

Processes:

- ❖ Ametropia
- ❖ Ophthalmic optics
- ❖ Contact lenses
- ❖ Low vision
- ❖ Binocular vision/ perceptual anomalies

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

The candidates will choose three of the bulleted topics to weight their examination toward their areas of interest.

Upon successful completion of the board certification examination, the American Board of Optometry will confer board-certified status to the optometrist for a period of 10 years.

(See American Board of Optometry Maintenance of Certification Process for details on renewal at [www.certification.aoa.org](http://www.certification.aoa.org).)

## Call for Jr. Olympic volunteers to conduct vision evaluations

The AOA Sports Vision Section (SVS) will be conducting free vision evaluations July 30- Aug. 1 for athletes competing in the 2009 Amateur Athletic Union (AAU) Junior Olympic Games in Des Moines, Iowa, thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it is an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multi-sport event conducted annually for youth in the United States.

More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 15 years.

If you are interested in volunteering and would like more information, visit <http://www.aoa.org/x6230.xml> or contact the AOA SVS office at 800-365-2219, ext. 4136 or [SVS@aoa.org](mailto:SVS@aoa.org). Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses such as meals and accommodations.