

Carlson files for vice president

Dori M. Carlson, O.D., of Park River, N.D., has filed for the AOA office of vice president.

Dr. Carlson was first elected to the board in June 2004. Currently, Dr. Carlson is the chair of the Finance Committee, Constitution and Bylaws Committee and the Program Planning Committee. She also serves on the Personnel Committee and Building Committee and is the liaison to the Council on Research.

She has served as board liaison to the Advocacy Group Executive Committee, the Federal Legislative Committee, the Federal Relations Committee, the Finance Committee, the Health Information Technology and Telemedicine Project Team,

the Professional Relations Committee, the Communications Group Advisory Committee, the Optometry's Charity™-the AOA Foundation Board of Directors and the Commission on Paraoptometric Certification.

Dr. Carlson was the first female president of the North Dakota Optometric Association (NDOA). She served on the AOA's Communications Technology Project Team from 2001-2002 and was chair of the Information & Member Services Group and Membership Development Committee.

Since 1999, she has been a trained consultant for the Accreditation Council on Optometric Education.

Dr. Carlson continues to

serve on the North Dakota Blue Cross Blue Shield Advisory Committee and

is a long-standing member of the North Dakota Legislative Committee. Her North Dakota colleagues awarded her the Young Optometrist of the Year Award in 1994 and the Optometrist of the Year Award in 2003.

A 1989 graduate of Pacific University College of Optometry and a former resident at the American Lake and Seattle Veterans Administration hospitals, Dr. Carlson and her husband and partner Mark Helgeson, O.D., own practices in Park River and Grafton, N.D. The doctors have two sons, Seth and Ian.



LETTERS

Protect and Advance the profession

Editor:

I have served as New Jersey Society of Optometric Physicians (NJSOP) legislative chairman for more than 20 years. During that time I have done my best to fulfill the obligation that comes with the title and is shared by those in leadership: *Protect and Advance the profession of optometry and in so doing expand our patient base while providing the best eye care we can to our patients.*

I believe a short historical review of where we were and where we are going will be helpful.

When our optometric forefathers made the first change from a drugless profession to one utilizing diagnostic pharmaceuticals, it raised our stature in our patients' eyes and our own. But even then, ophthalmology and medicine fought against our right to simply use diagnostic drugs.

We made a quantum leap

in New Jersey in 1992 when we passed our first therapeutics law. We then went through the regulatory process so that we could call ourselves "optometric physicians," which more accurately defined us and we cemented that definition when we passed our orals law.

But at every turn we were opposed. Remember, we are a legislated profession and have had to fight repeal laws and other legislation meant to limit our professional prerogatives. By the way, within the wording of our practice act was language that held us to the same standard of care as a medical practitioner. We gladly agreed to such wording in order to give our legislative friends the level of comfort necessary to vote for our newfound privileges.

We co-manage without restriction in our state, but behind the scenes another type of battle continues — at the regulatory level where we have to quash attempt after attempt to roll back and limit that privilege. This means meeting with state officials,

making and remaking our case to continue the status quo so that co-management prevails.

Our adversaries stand ready at the first opportunity at both the state and federal levels to take from us our hard-fought gains and render us second-class practitioners.

Do not be so naïve or blasé and content to think that it could not happen or won't happen in some form. Yes, the NJSOP is a strong society politically, but I know too well the thin line that exists between success and failure at our state house and in Congress.

So at every turn, whether you like it or not, we must continue to prove our worth, make the case for the

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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.

profession that serves most of our citizens, and *Protect and Advance optometry.*

It is within this context that we once again find ourselves at a crossroads. We have the opportunity to protect and advance the profession on our terms or let others, in a vacuum left by inaction, dictate what our place will be in the health care marketplace.

I believe board certification will strengthen our hand in meeting a changing health care landscape by creating a uniform process requiring a high level of competency by which, yes, once again, we will prove our worth to those decision makers who make health care policy in Washington.

It will be difficult for them to limit our access as we give them the level of comfort they need to keep us as a main player in providing eye

care to the nation. And who knows, it may help to open up access heretofore denied.

So, to reiterate, board certification is another layer of protection against losing our collective patient base and allowing us to advance our profession into the 21st century.

The marginally additional cost or extra hours that may attend this process pale in contrast to its need. I do not believe it to be a hardship severe enough to warrant a no vote. That would be penny-wise and pound-foolish.

On two critical notes, I would suggest:

❖ Making the process less complex so as to make compliance less onerous.

❖ We should also consider making license reciprocity among all states a reality

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since there will be a nationally uniform competency in place that will level the playing field that has heretofore been uneven and an impediment to any optometrist wanting to practice in another state.

Finally, on a personal note, I embrace the opportunity to prove my competence as necessary, understanding that it will elevate my stature as an optometric physician to patients, managed care entities, and insurance carriers alike. Any edge going forward will be necessary to ensure our rightful place within the health care delivery system in this country.

Waiting until we “see” the necessity or until there is an imminent threat to our livelihoods is not in keeping with what has kept us safe over these last two decades: *Protect and Advance the profession of optometry.*

It is one doc’s opinion but I hope my unique perspective gives credence to the board certification process.

With respect for all thoughtful opinions and personal regards to all I remain.

Larry Charles Wallis, O.D.
Legislative Chairman,
New Jersey Society of
Optometric Physicians
Gloucester City, N.J.

Organizations ‘daft’ model

Editor:

I am compelled to respond, again, to the misguided notion of “board certification.” I write in regards to the article in the January 2009 issue of *AOA News*. In this article several members of the project team weakly defend the rationale for imposing a new boarding system upon our profession.

For example, the article is redundant with phrases such as “lack of board certification MAY hinder optometrists, movements on many fronts that would SEEM TO SUGGEST some type of board certification, PQRI and P4P

MAY require board certification, at the federal level board certification/ continued competency will be one way that MAY BE USED to evaluate quality of care.” Are we to revise our current very adequate boarding process in such a drastic manner on conjecture?

AOSA representation on this project team advises that

continuing education to retain our license. These are very fine and effective programs. Third, it is reminiscent of many journal articles that end with “more research needs to be done to further our understanding...” which should go on to say “because I still need a job and research is how I pay my bills.”

The one nugget of truth

their boarding process and maintain their board certification is optimum.

If you have a patient requiring an obscure diagnosis, an ABO-certified ophthalmologist will do. But when your mom needs cataract surgery, you best investigate further.

The answer? Acknowledge and proclaim the virtues

If legislation passes in a state that forces the issue (such as appears might be the case in ours) I would rather have a process our doctors can use rather than be forced to do something developed by our department of health.

students and new practitioners want a process that facilitates their ambitions of lifelong learning. Lucky for them that they chose a profession that already does that.

I attribute the student misunderstanding of our current process on lack of experience with long existing state, regional and national opportunities to do just that through journals, continuing education requirements for relicensing and professional organizations. Not to mention that anyone who seeks lifelong learning will easily find it without these artificial external constraints.

Is it possible that this is a reflection of poor motivation or poor mentoring of these young doctors?

Then there are the self-serving motivations of those invested in currently existing optometric boarding organizations expounding, “We cannot demonstrate continued competence (beyond entry level) in the same manner as the other health care professions without a board certification process.”

This is an example of putting the fox in charge of protecting the henhouse. It is like asking Ted Kennedy to eliminate the death tax. First, we DO currently have a board certification process. Second, we each are required to obtain

in this article was uttered by Arol Augsburger, O.D., when he said “The first problem: Optometry is often excluded.” There it is.

But the solution to this is not to create an artificial device to try to prove our worth anew. The answer is to educate industry and third party payers as to what we already do and what programs are currently in place to ensure our ongoing competence. Do not think for a moment that those dark forces who oppose optometry now will suddenly turn to the light because we add another level of bureaucracy.

They will discount the new process as they do our current education. Their opposition is about turf and they will not more readily share it regardless of what optometry does short of becoming their employees.

There is the great danger of creating a new board that does not measure what it is intended to measure.

I take for my example the American Board of Ophthalmology. This test measures the book knowledge of ophthalmologists. It does nothing to measure their surgical skills. That is one reason board certified hack surgeons still exist in our midst. Of course the ABO would deny any shortcoming with

of our current education and boarding programs. We ARE board certified. If you must, create a board RE-certification program. But if you do so, make it clinically relevant, not an academic exercise. Make it inexpensive so as not to line the pockets of the testers. Make it so that after I complete the process I will count the time spent worthy and it will help me take care of my patients. Anything less is window dressing and unworthy of our profession.

Howell M. Findley, O.D.
Lexington, KY.

Larger picture

Editor:

I am writing to ask for a more honest and factual discussion of the board certification issue in optometry. The time has come for a more balanced dialogue for this pivotal topic. There has been much said regarding the concept of a providing our profession with a verifiable mechanism to demonstrate continued competence.

It seems to me that many are too caught up in the lesser important details and are indeed missing the larger picture.

I fear that some of our colleagues truly believe that defeating this measure at the

AOA Congress in June will make this issue go away. This issue is not going away, we cannot simply ignore it.

The facts are that optometry is the ONLY independently licensed prescribing doctoral level health care profession with no mechanism for proof of continued competence. Much has been said about the mechanisms in place for other professions to demonstrate continued competency, and third-party carriers, state and local governments, and consumer groups have made the assumption, right or wrong, that those mechanisms help ensure a higher level of quality in health care. These assumptions may or may not be valid, but the fact remains that optometry has no such mechanism and cannot compete now with those professions that do.

We need to enact a system of accountability for the public, for our patients, for third-party payers, and for the governmental agencies who are demanding a demonstration of continued competence.

Most of us work in a third-party payer system. Accountability measures for quality of care are becoming more commonplace. We have no idea as to what health care reform will bring. While many have stated their feeling that it is inconceivable today that any carrier would deny a physician privileges for lack of a system proving continued competence, it is happening right now in some of the Medicare Medical Home projects.

As the health care delivery system evolves, it certainly could be a more widespread reality in the future. A system such as this is going to take time to develop, time to verify, time to legitimize, and time for doctors to attain. National standards need to be developed. A common language needs to be used in dealing with this evolving system. This is the very thing that

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the JBCPT is developing and we need to move this process ahead now.

Having a mechanism for continued competency testing and certification is simply part of the evolution of the profession of optometry.

Critics say “why now” and I ask them why not now? We have yet to see a valid argument for postponing this discussion or for tabling continued investigation of the topic.

I practice in Rhode Island and am fortunate to enjoy the company of those who made the first major stride taking the profession of optometry from a drug-free profession to what we know today.

They too were visionaries. They foresaw the future of the profession and moved forward for optometry’s sake. They had to take on the responsibility and to make hard decisions, and time has proven their decisions right.

These were the leaders in optometry of the last generation. Who will lead the profession into the generations to come?

Stephen Montaquila, O.D.
Warwick, R.I.

Phony thing

Editors:

The board certification railroad is running again. It is ridiculous to think general practice optometrists should be “board certified.” In Illinois we have mandatory and tested CE requirements which keep us current in the profession, thank you.

Would certification make us practice differently? I think not. The only people who would benefit are special interest groups.

If you want to pass a real certification for specialists who complete residencies, fine. But please not this phony thing which will be voted on in June.

Thomas Wilkison, O.D.,
Springfield, Ill.

Control our destiny?

Editor:

The issue of voluntary continuing competency for the profession of optometry as proposed by the coalition of professional organizations

In my home state of Washington our state association’s insurance liaison tells us that private carriers in our state are stepping up quality assurance measuring and one of the items they are increasingly interested in are assur-

of whom are board certified) to either be board certified in a specialty area or the state department of health would be given the responsibility of coming up with an equivalent competency assurance program. The

are not board certified.

What do we do about this? Wring our hands and get caught up in a great debate about semantics...or take an active part in determining our own future. No doubt there are those who look at the proposals that have been developed by the coalition of ARBO, COPE, ACOE, AAO, and others that will find fault and talk about what it won’t do for the profession. I would rather look at what it CAN do...it can enable us to control our own destiny. It is voluntary so those who choose can do it and those who prefer not need not. If legislation passes in a state that forces the issue (such as appears might be the case in ours) I would rather have a process our doctors can use rather than be forced to do something developed by our department of health.

If the perfect storm occurs and medical reform comes about that incorporates the concept of medical home that not only has a gatekeeper system but requires all providers involved to prove continuing competency/board certification, then I would rather we had a program up and running vs. being locked out until something was developed that would be acceptable to the “powers that be” at that time.

In short, I prefer we take an active hand in controlling our own destiny.

Richard Ryan, O.D.
Spokane, Wash.

coordinated through the efforts of the AOA is shaping up to be one of those that could be a potential watershed moment for our profession. Why is that?

In my view it is due to a confluence of events that are shaping up to create a potential storm for our profession. We have a new president who has a friendly legislature to back him...and a mandate partly brought on by the banking crisis and associated recession that have resulted in the unprecedented nationalization of that industry as well as many others.

Health care is clearly in the sights of the new administration and the legislature.

The funds released by the passage of the “stimulus” package have given financial impetus to making change with the health care industry. The high unemployment rate is leaving a lot of persons uninsured...which increases motivation to study some form of national health insurance.

Congress appears more ready than ever to spend money on such an enterprise. If they do, they will want a lot of oversight and quality assurance to prove they have been good stewards of our country’s financial resources.

There were changes going on before this...such things as PQRI heralded a “weather change” that has ushered in increased scrutiny of the quality of health care provider services at a national level.

ances of their provider panel’s continuing competence through some form of board certification even for “general” practice.

This also seems to me to be a natural outgrowth of the PQRI initiative and such things as efforts to have practitioner quality ratings available to patients on carrier Web sites as well as independent consumer Web sites.

Then there is increased consumer demand for continuing competence. Shortly after the demise of ABOP there was a consumer group presenting their view that continuing competency was a concept whose time had come to a national ARBO meeting.

No doubt that group and others like it are still presenting their case. At that meeting it could be concluded their strategy was two-pronged... they would like to partner with organizations such as ARBO in hopes of influencing the legislative process (making continuing competency mandatory through licensing efforts) and they would reach out to third-party carriers to encourage them to revise their quality standards to include board certification even for “family” practice.

Have these efforts been successful? It seems they are moving there...witness what I have mentioned already about what seems to be going on in our state with insurance carriers. More to the point was the fact that legislation was introduced a few years ago to force MDs in our state (not all

legislation was tabled in favor of a governor’s study group that has been moving slowly but eventually is expected to give recommendations for legislation that could very well include optometry, dentistry, nurse practitioners, and medicine.

Another item that becomes increasingly important is that of “medical home.” The government has funded several pilot projects in various states involving medical home.

The original concept of medical home in a nutshell was that it was supposed to be a concept whereby a practitioner was selected by a patient to be the primary repository of information about their care and to serve as facilitator of the care involving other providers. It seems to have morphed, particularly in our state, to a gatekeeper system.

The so-called pilot projects do nothing more than reinforce that system rather than study better ways to make medical homes do as they were intended. What does this have to do with continuing competency?

Medical reform being proposed currently has such provisions as decreased reimbursement for providers who do not participate in PQRI and other quality assurance measures...and one such measure, as proposed by Sen. Baucus, related to the CMS Medical Home Model will not allow doctors to participate who

In Illinois we have mandatory and tested CE requirements which keep us current in the profession, thank you. Would certification make us practice differently? I think not.

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