

# Brooks to assume presidency

**R**andolph Brooks, O.D., will assume the AOA Office of president at the 2009 Optometry's Meeting®.

Dr. Brooks, currently president-elect, was first elected to the board in June 2000.

Dr. Brooks serves on the Joint Board Certification Project Team and the International Affairs Committee and has served on the Optometry Awareness and Public Affairs Committee, the Constitution and Bylaws Committee and the Finance Committee.

As a member of the Advanced Clinical Competence Project Team, he served as chair from 2004-2005.

Dr. Brooks is serving as liaison-trustee to the Optometry's Meeting® Executive Committee and has served as liaison trustee to the Industry Relations Committee, the Sports Vision Section, Advocacy Group, Eye Care Benefits Center and Federal Relations Committee.

Prior to his election to the board nine years ago, Dr. Brooks held a variety of volunteer appointments within the AOA.

In addition to serving several years on the Eye Care Benefits Center Executive Committee, Dr. Brooks was its chair in the 1999-2000 program year.

Dr. Brooks is past president of the New Jersey

Society of Optometric Physicians (NJSOP). In 1995 and 2000, NJSOP named him Optometrist of the Year.

Dr. Brooks is a graduate of the State University of New York at Albany and the New England College of Optometry and is also a fellow of the American Academy of Optometry, of which he has been a member since 1984.

He has a private group practice in Ledgewood, N.J., and resides in Succasunna, N.J., with his wife, Bonnie, and has three sons, Doug, Larry and Ryan.



## AOA First Look launches archive feature

In a benefit exclusively for AOA members, the AOA has teamed up with Custom Briefings to provide a daily e-mail summary of health care and ophthalmic news titled "AOA First Look."

Now, AOA members can also access past articles, perform keyword searches and catch up on past coverage.

A link to the archive feature will appear in every daily publication of First Look.

Editors scan the Web and compile digest articles of news most likely to interest optometrists. The articles are intended to reflect what is in the press each day and what your patients are reading. As such, if an article appears in the press with misinformation or bad news for ODs, you will read it as is, unfiltered.

AOA members and optometry students who already receive association e-publications should be receiving AOA First Look now. If not, check your spam-blocking settings and add [FirstLook@AOA.custombriefings.com](mailto:FirstLook@AOA.custombriefings.com) to your address book.

If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting.

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## LETTERS

Editor:

With the hindsight and perspective of a 75-year-old retired optometrist, I'd like to point out the arrival of a crucial time for our profession and the importance of the AOA's vigilance and lobbying efforts.

With the pending changes in national health delivery, this era parallels that which we went through in 1964 when Medicare was being debated. At that time, through the lobbying efforts of medical interests, optometry fared poorly. It took a number of years for some of the inequities to be corrected, and even to this date, refraction remains an exclusion.

Protections such as any willing provider, equal remuneration for equal work, and the supremacy of federal law are areas where the AOA should be attentive.

Harvey Rosenwasser, O.D.  
Philadelphia, Pa.

Editor:

I read with interest the January 2009 edition of *AOA News*. The article which purports to clarify the board certification issue does nothing of the kind. What the article did

not clearly state is that there are two independent agendas: 1) to somehow certify that someone newly out of optometry school is competent beyond what is required by the national and state boards. I believe this implies that contemporary optometric education is somehow inadequate; and 2) to certify continued competency after a specified period in practice.

These are not one and the same. I don't believe anyone would object to the need to demonstrate continued competency. But a "board certification" to imply advanced clinical competency for new grads is something that, if necessary (and it is far from being proven necessary) should be academically rigorous and require a residency, the same requirements that the medical specialties some of us wish to emulate have in place.

Bottom line: the ability to check a box on an insurance contract to verify board certification will always be trumped by the ability to deliver quality care at a fair price. That is what the third party payers are looking for.

Steven A. Linas O.D.  
Richmond, Va.

Editor:

On March 5, the White House held a health care summit to hear from various interests as the system faces proposed change. To demonstrate that the Obama administration is open to all perspectives, 140-odd stakeholders in health care reform were gathered to weigh in.

Representatives from labor unions, drug companies, hospitals, medical industry groups and members of Congress from both parties were invited. Optometry was not invited. And, it wasn't for a lack of trying.

The federal Medical Home System is being tested in Oklahoma with PCPs as the gatekeepers. As you read this, Oklahoma optometrists are losing their patients to ophthalmologists. It's time to understand

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and accept the simple truth; government, citizens' groups, institutions and third-party plans are in the position to choose, and they are demanding competent, board-certified practitioners. I recently learned that optometry is the only doctor-level health profession without board certification. We have a chance to correct that, but if board certification is rejected, we will be sending a clear message that optometrists don't value their profession enough to warrant continuing competency, that optometrists don't think that we should have the same level of quality assurance that other "doctors" offer the public, and that government and organized ophthalmology are right – we don't deserve a seat at the health care table.

The Board Certification initiative presents each of us with two very different decisions to make; one is a choice for optometry and the second is a personal choice. For our profession, I am convinced that we need to support the initiative starting with a "yes" vote by the AOA in June.

I was not fully persuad-

ed to support board certification until I attended the Joint Board Certification Project Team (JBCPT) presentation at SECO. The presentation could not have been more inclusive, more transparent and more explanatory.

Every concern of every doctor present was welcomed and answered as completely as possible. The commissioners were questioned, challenged and personally queried on possible conflicts. To a person, the commissioners responded openly and candidly.

You also need to understand that a "yes" vote does no more than approve the concept and provide a path for the details to be presented, modified, approved and put into place going forward. A "yes" vote in June will put in motion the means for the new organization to seek out the input of the entire profession before implementing a process for board certification for our profession.

Clearly the job done by the JBCPT has not been anything less than solid,

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well-considered, selfless, time-consuming work – and every member of the joint commission deserves our thanks. Sadly, in a room that had at least 500 seats, only 40 to 50 ODs attended. The other 400+ empty seats at the session were mute, but nonetheless spoke vol-

umes.

After I returned home from SECO, a most remarkable thing happened. I was browsing through the local newspaper and happened upon an article about a physician-turned-photographer that brought the whole BC issue back into singular

focus. In the article there was a significant quotation from the doctor. He said, “I was an emergency room director at a hospital in Bozeman and I lost my job because I wasn’t board certified.”

Like the MD in that article, each of us will have

the choice to become board certified. That choice is personal and voluntary. However, the other choice we make will be for our profession, and that choice cannot be one of inclusion or exclusion.

I have no illusion that board certification is the

universal remedy for all that needs fixing in optometry and I’m pretty sure that having board certification won’t magically open every government, third-party or citizens’ group door. What I am sure of is that there is a strong possibility that if we make the wrong choice, optometry – just as did the MD in the newspaper article – could lose its job.

We must not let that happen. A “yes” vote in June will establish that optometrists confidently accept board-certified continuing competence just as other physicians have done.

Mike Cohen, O.D.  
Sandy, Utah

Editor:

After a bad experience with another local doctor, I was able to obtain an appointment with Patricia Gates, O.D., of Coos Bay, Ore. Combined with my previous bad experience and my own fear of going to a doctor, I was very uneasy—but Dr. Gates, realizing my anxiety, did all she could to make me feel at ease. I have, as stated, been going to Dr. Gates for several years.

I have had the very best of care by her and her staff.

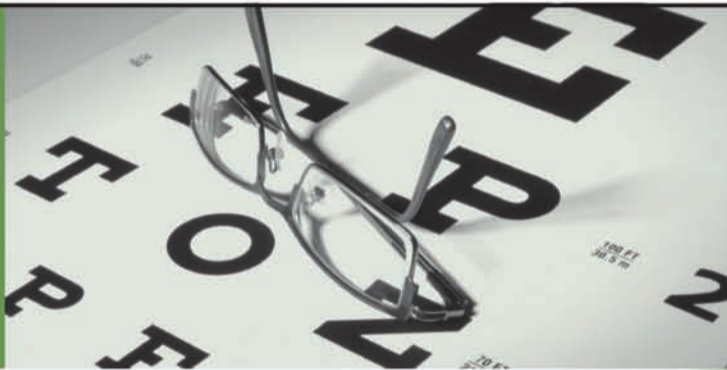
Dr. Gates is so knowledgeable about her profession. She has the very best and latest equipment to care for your eyes.

I have glaucoma in my right eye and she has seen that it is kept well under control. Dr. Gates is never too busy to talk to you and answer any questions. She cares deeply about your eye care and also your well-being.

I am so grateful to the other doctor as it gave me the great opportunity to be a patient of Dr. Gates. I know I am getting the very best care possible.

Sharon R.  
Coos Bay, Ore.

## A Survival Strategy for Your Continued Success in Uncertain Times



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