A MIDWEST HEALTH SYSTEM BLAZES TRAILS BY REQUIRING AMERICAN BOARD OF OPTOMETRY BOARD CERTIFICATION FOR ITS ODs.

Gundersen Health System is taking bold steps in a new direction – requiring its optometrists to earn American Board of Optometry Board Certification as a condition of employment. The system operates a hospital, behavioral health center, clinics, and a health insurance plan based in LaCrosse, Wis. It employs 21 optometrists who work closely with ophthalmologists to deliver care at offices and clinics in a 19-county, 570,000-resident region in Wisconsin, Minnesota and Iowa.

Gundersen has been recognized for its forward thinking in areas such as cardiac care, cancer treatment, even energy sustainability. Now, it’s making a statement about optometry’s importance in the cycle of care.

According to Jeffrey Clark OD and John Sterling OD, Gundersen’s section co-chairs for regional optometry, all medical staff providers are expected to earn appropriate board certification in their fields. So the system began requiring its optometrists to do the same not long after American Board of Optometry Board Certification became available. Knowing that testing for and maintaining Board Certification require extra effort on the part of busy practitioners, Gundersen believes in making the process a benefit, not a burden.

When the health system communicates this requirement to incoming optometrists, the emphasis is always on the positive. Clark says Gundersen highlights the support its ODs will receive in becoming Board Certified – and the satisfaction they will gain from it.

Gundersen CEO Jeff Thompson MD says it’s about holding providers to high standards of practice and transparency, and helping them keep learning in their daily professional lives. “Like other parts of the health-care industry, we’re moving from a system where people assume we’re doing fine, to one where they expect data and other assurances that we’re doing fine,” he says. “It makes sense that our optometrists are Board Certified, like all professionals on our staff.”

WHY DID YOU DECIDE TO MAKE AMERICAN BOARD OF OPTOMETRY BOARD CERTIFICATION MANDATORY FOR YOUR OPTOMETRISTS?

DR. CLARK: We like the fact that this is the only optometric board certification program accredited by the National Commission for Certifying Agencies. That was an important factor in the decision to have our ODs participate.
Furthermore, our organization has a medical staff policy that requires board certification if it is available in your specialty or subspecialty. As soon as there was a certification process in place for optometry, we took it to our administration, and decided to require ODs to be Board Certified to remain on the medical staff. This was done without the intent of getting rid of anyone, or weeding people out; we wanted to be sure we supported them in the process. Our internal eye department justification is that we also require certification for eye clinic staff members in every job description. Our ophthalmologists are certified; so are our opticians, patient liaisons, technicians. Why wouldn’t we want our optometrists to be? It’s a natural progression.

**DR. THOMPSON:** When we were first considering it, and I asked around the medical center and our other sites, everyone was very accepting of it. It made sense to them; we’re an integrated system, and our optometrists are an important part of the medical team. Our ophthalmologists were “all in” as well. We do high-end care here, and we do it together. This is just one more thing that makes us a broad and effective team.

**DR. STERLING:** Gundersen Health System has been recognized as a national leader for quality improvement initiatives, making it imperative that our clinical competencies are maintained. Optometry is being required to meet the same standards set forth for all other specialties in our system.

How do you feel so far about Gundersen’s decision to require Board Certification for optometrists?

**DR. THOMPSON:** It was a very good decision – the right one. I try to look at it through the eyes of patients. I want them to think, “If you come to Gundersen, you can expect high standards for the clinicians and outcomes.” Does Board Certification solve every issue that’s out there? No. Are there good optometrists who don’t happen to be Board Certified? Yes. But we think it makes sense for our optometrists to have Board Certification because we want to be transparent and deliver the best care we can.

**DR. STERLING:** Being Board Certified is an assurance to our patients and various third party payors that we maintain a measurable level of competence by a recognized, accredited program. I believe Board Certification by a unified program is a necessary step that will help preserve optometry’s inclusion in future health-care programs.

Having a master’s degree in health-care administration, I can attest that optometry needs to be continually pressing health-care policymakers for recognition and inclusion. Having an optometric Board Certification program is definitely a step in the right direction.
How do your optometrists feel about Board Certification?

**DR. CLARK:** When we introduced the process, we all took it very seriously. Everyone said, “I don’t want to be the only one who doesn’t pass the exam.”

I heard someone ask one of our optometrists, “Is it a fear of failure that motivates you to take the exam?” The answer was, “No, it’s a desire to be prepared.” This quickly became something that people realized was beneficial. The entire certification process resulted in the realization that all of our providers were able to demonstrate the skill sets necessary to practice optometry in 2015.

How does Board Certification fit into Gundersen’s commitment to whole-patient care?

**DR. CLARK:** It fits in very well. Our optometrists receive many interprofessional referrals - we get them from all other medical providers from rheumatology to family practice to neurology. Optometry is a recognized and valued part of the whole patient-care experience.

Our organization views this (Board Certification) as another quality initiative. If we want to tell our patients that we provide the best eye care anywhere, we need to have a process in place to prove it.

I finished optometry school in 1977, and since that time, prior to Board Certification, there was no valid or accepted mechanism for me to prove my clinical competencies other than license renewal.

What does Gundersen do to help ODs achieve Board Certification?

**DR. CLARK:** All medical staff members are provided an allotment of days for continuing education every year, and a yearly stipend for professional development. This benefit has been available for review courses and preparation. We have tried to structure it in as “provider-friendly” a way as possible.

In the future, when new ODs join our group, they will be granted a three-year window to complete certification. We help them in any way we can, but it is their responsibility.

So far, we have not had anyone who failed to meet the requirements of Board Certification. We present it as something that’s to their benefit as optometrists.

What advice would you give to other health systems considering a Board Certification requirement for optometrists?

**DR. THOMPSON:** What I tell other health system leaders is, this is another way we
reassure people of our system’s two “pillars” of responsiveness to the community: One, there is a clarity of expectation for the training our practitioners will have; and two, we are always measuring what we’re doing in the patient-experience realm for the sake of quality and service. We want to be disciplined about the ongoing education that certification tries to accomplish. You have to ask, are people keeping up with the latest goings-on in optometry? The other side is measuring outcomes and quality, and making that transparent.

As far as other health systems’ requiring optometric Board Certification in the future, I’d expect that to happen. There are systems like us around the country that are fairly progressive and believe their eye care teams must be made up of people with a variety of skills. We give our optometrists time to do it, but the expectation is that they all will – just like the rest of our clinical staff is certified, from pediatrics to geriatrics and everything in between.

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The American Board of Optometry’s mission is to continually improve patient care by helping optometrists demonstrate ongoing commitment to professional enrichment. This is done through the organization’s voluntary, NCCA-certified Board Certification program and CMS-approved Maintenance of Certification process. The American Board of Optometry was founded in 2009 by the American Academy of Optometry, American Optometric Association, American Optometric Student Association and the Association of Schools and Colleges of Optometry. For additional information, visit www.americanboardofoptometry.org.