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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Board of Examiners in Optometry

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Patient Bill of Rights

Several years ago, the Board adopted this document. It was posted on the Board's website. The points are as pertinent now as they were when originally drafted. The Board encourages all licensees to not only review the document but post it conspicuously in your practice locations. [Click here to review and print a copy.](#)

2018 Online License Renewal

Licensees whose last name begins with the letters A-L, your licenses will expire on June 30, 2018. You will receive a reminder via email from the Board about the renewal process, fees and other requirements. Therefore it is important that the Board has a current email address on file for all licensees. The online renewal system will be available April 30, 2018 and will close on June 30,



Left top: Francisco Burgos, O.D., Frederick J. Walsh, Ph.D., Consumer Member, Brian Woolf, O.D., Andrew Doyle, O.D. Bottom left: Kelechi Mezu, O.D., Rona Pepper, Consumer Member, Mesheca Bunyon, O.D.



Andrew Doyle, O.D.

President's Address

On behalf of Board members and staff, I wish each of you a Happy New Year! Optometry is a great profession filled with great doctors providing great care throughout the state and nation. I know this from firsthand interactions, the review of records submitted as part of the QEI audit, and via my personal patients reporting high quality care at the hands of other optometrists. However, the general public may not have the ability to say how great optometry and optometrists are because they just don't know. So, how are these individuals to know that the optometrists in the state are capable, competent, and staying up to date on new trends and treatment options? There should be a set standard in place, such that when they do need to call upon an optometrist for care, they can rest assured they are in the hands of a well-trained, knowledgeable doctor.

This question really gets to the Board of Optometry's true role or mission. That role I find is often unclear to most optometrists of the state and even to those who join the Board, at least at first. Often times the Board's role is thought to be promotional to optometry or to support or protect optometry whenever possible. And, why would this assumption not be made? The Board's name itself seems to imply the Board is here for the profession of optometry. However,

2018. Licensees can renew from July 1, 2018 through July 31, 2018 by paying an additional \$100.00 late fee.

Board Meetings

The Regular Session of Board meetings are open to the public and held at the Metro Executive Building, at 9:30 a.m. The schedule is as follows:

Wed. Jan 31, 2018
Wed. Mar. 28, 2018
Wed. May 30, 2018
Wed. July 25, 2018
Wed. Sept. 26, 2018
Wed. Nov. 28, 2018

Licensed optometrists can attend public meetings of the Board and receive continuing education credit.

Meet the New Board Member



Francisco Burgos, O.D.

Dr. Francisco Burgos, optometrist, joined Katzen Eye Group in 2003. He earned a Bachelor of Science degree in Microbiology from the University of Massachusetts in 1989 and went on to earn a Doctorate in Optometry from the New England College of Optometry in 1994.

Dr. Burgos specializes in the diagnosis, management and treatment of glaucoma and corneal diseases. His previous experience as the Clinical Director of TLC Laser Eye Center in Towson, Maryland, brings expertise in determining patient candidacy and complex case management of refractive surgery patients and complex corneal pathology.

the Board's real purpose is to protect the public by ensuring qualified optometrists receive a license to practice in the state, and that these optometrists remain competent for the time they continue to practice. So, the Board's role is not to promote optometry or expand the profession's scope of practice, but to regulate the profession in ways that safeguard the public.

Ways the Board protects the public include denying licenses to unqualified applicants, disciplining, fining, or suspending optometrists found to violate the current law, and by verifying continuing education requirements are met. As you may recall from last year's newsletter, continuing education is the only means of maintenance of competency for our profession. The importance of the validity of continuing education is therefore very important. Courses that are approved for a specific number of credit hours need to last as long as they say they will. When they don't, the validity of that course, and other courses provided by that speaker, comes into question. The validity of the maintenance of competency of the optometrists in attendance is also now questionable. Already this year, several CE presenters have been informed by the board that their courses must last as long as they are approved and that 50 minutes of lecture time is needed to qualify for one hour of continuing education. Time spent before and after the meeting discussing various optometric and non-optometric topics does not count towards that lecture time. So far, one course has had to have its hours reduced from two hours to one when it was discovered that the lecture only lasted for 55 minutes, when an hour and 40 minutes was the amount of time the lecture should have lasted.

The Board is working on deciding if it should continue to approve any CE courses offered in the state. We plan to decide as a Board if only COPE approved CE will be allowed to count towards the 50 total hours needed every two years as per current statute. The reasoning for only allowing COPE approved courses to count is bolstered by the fact that COPE approved education has recently achieved equivalency to education approved by the ACCME. ACCME, or the Accreditation Council for Continuing Medical Education, is the accrediting body used by physicians. The Board recognizes that COPE and ACCME are true accrediting bodies that have rules and regulations that are designed to hold the Presenters is that they are accountable for the course's veracity in both content and time. The Board also recognizes that it does not have such measures in place for non-COPE approved education.

Another reason to rely on COPE or ACCME for approving CE is that continuing education is going to likely change from standard presenter-audience/passive/lecture-based to new educational designs and assessments of that education that the Board will be unqualified to approve. Both COPE and ACCME are looking into ways of moving beyond simple conveyance of information. The idea of a lecturer presenting new information is really fading as information becomes so easily discoverable outside of a lecture room. Instead, ACCME sees the educator as someone responsible for creating environments where active learning, problem solving, and discussion take place in a meaningful way. And as Dr. Graham McMahon of the ACCME says, "This will bring context, judgement and wisdom to information. In that way clinicians can practice better, reliably, more effectively." ACCME wants lecture-based CE to be replaced by high quality experiences where "learners" are able to self-assess, compare themselves to others, and to reflect on the information presented.

I can't think of too many patients complaining that their optometrist is too competent, too knowledgeable or too interested in better patient outcomes. But, it is easy to imagine optometrists

Dr. Burgos' primary focus is practicing medical optometry at the Lutherville location. As a Primary Care Resident at the Bedford VA and the Beetham Eye Institute of the Joslin Diabetes Center, he gained critical knowledge in management and treatment of diabetic eye conditions.

In his free time, Dr. Burgos enjoys working out, golf and spending time with his family.

New Board Counsel



Adam Malizio

W. Adam Malizio will serve as Board Counsel beginning in January 2018. Adam also serves as Commission Counsel to the Maryland Health Services Cost Review Commission. Previously, he served as an administrative prosecutor in the Health Occupations Prosecution and Litigation Division, where he prosecuted disciplinary cases before Maryland's health occupations boards. Before joining the Maryland Attorney General's Office, Adam worked as an attorney for the Department of Health and Human Services, Departmental Appeals Board. He also served as a judicial law clerk to the Hon. J. Barry Hughes in the Circuit Court for Carroll County, Maryland. He holds a bachelor's degree in theology as well as his law degree from the Catholic University of America in Washington, D.C.

The QEI Committee Needs You

The Board is seeking to fill vacancies as soon as possible.

complaining about being instructed to become more competent, knowledgeable, and concerned with outcomes by taking newer, less passive methods of continuing education. I hope all involved realize that the end goal of these proposed changes is a better served public. And, I hope all reading this realize that the Board's role will always be to protect the public making sure optometrists are maintaining their competence by participating in these continuing education activities.

Board Member Vacancies- May 31, 2018

Applications and nominations for the Maryland Board of Examiners in Optometry are being accepted through March 9, 2018.

One licensed optometrist and one consumer member which will be vacant May 31, 2018.

Criteria

The criteria for members is outlined in the Board statute, Health Occupations §11-202. All Interested candidates must be licensed optometrists. Each optometrist member shall have resided in the State and practiced optometry actively and continuously in this State for at least 5 years before appointment. Terms are for four years and members may not serve more than 2 consecutive full terms.

Board member duties

- Attend six Board meetings per year which are held generally on the last Wednesday of odd numbered months, i.e. January, March, May, July, September and November. The meetings, (held at the Board office in Baltimore), begin at 9:30 and end at 12:00 noon. The meeting includes a closed and a public (open) session, and members receive a stipend of \$150 per meeting plus mileage. Board members receive documents in advance of the meeting for review. There are attendance requirements in order to remain a board member.
- Serve on Board committees including budget, credentialing, executive, discipline, legislation, continuing education, rehabilitation and ARBO (Association of Regulatory Boards of Optometry). Committees meet as needed either in person or via teleconference.
- Participate in disciplinary hearings and case resolution conferences.
- Testify before the General Assembly regarding legislation that affects consumers and/or licensees.
- File an annual financial disclosure with the State Ethics Commission and be subject to the State Ethics Law.

All interested applicants are required to submit a formal application through the Governor's Appointment Office website at www.govappointments.maryland.gov no later than March 9, 2018.

Please be aware that one of the application documents, Appointee Exemption Disclosure (AED) form, is required by the Maryland State Ethics Commission (SEC) to document any potential conflicts of interest. On the AED form, applicants should request an employment exemption for all current employment.

Applicants that are self-employed, own or co-own a business should also request a financial exemption on the AED form.

The quality assurance program includes a record review program, TPA self-assessment surveys and other activities.

As a committee member, you will be expected to attend scheduled meetings, perform peer record reviews, draft educational topics, review adverse reaction reports and other related tasks.

Committee members receive a small stipend. Please contact Kecia Dunham, Licensing Coordinator by phone at 410-764-4711 or by email kecia.dunham@maryland.gov to express your interest. The next scheduled meeting will be held on Thursday, April 26, 2018 at 4:00 p.m. at the Board Office, 4201 Patterson Avenue, Baltimore, MD 21215.

Continuing Education Credit

The Board accepts continuing education programs that are either Maryland Board approved or COPE approved. Programs are categorized as either general or therapeutic. The following COPE codes are accepted as therapeutic: GL, PO, RS, AS, PS, NO, PH, PD, SD, OP, IS, LP, SP. Review the full text of regulation, COMAR 10.28.02-Continuing Education Requirements. Listed below is a summary of the categories and maximum hours allowed in the two-year license period.

CE Prep and Delivery	12 hours
Journal or Online with a Post Test	20 hours
Clinical Observation	6 hours
CPR	3 hours
Ethics	4 hours
Practice Management	4 hours
Pro Bono Work	6 hours

If an applicant is serving in an official capacity with Board/Association, the applicant should list their role and note their willingness to resign immediately if appointed to the Health Occupation Board. Applicants may contact the SEC at 410-260-7770 with questions or to request guidance.

Any additional questions regarding applications or nominations may be addressed to Kim Bennardi at kim.bennardi@maryland.gov.

The Governor appoints the optometrist members with the advice of the Secretary of the Department of Health from a list submitted to the Secretary by the Maryland Optometric Association. Please note that all applicants are thoroughly vetted and may be interviewed by a subject matter expert.

ARBO Seeks COPE Course Reviewers

ARBO wants licensed optometrists to consider becoming a certified reviewer of courses submitted for COPE qualification. Your valuable contribution to the COPE review process will promote fair and uniform course evaluations to ensure all participating licensing boards that COPE CE is of the highest quality and is independent of commercial interests. In the end, these quality control measures will benefit practitioners in Maryland as well as the public that you serve.

To Become a COPE Reviewer:

*You must complete and submit a Course Reviewer Questionnaire.

*You must be endorsed by your optometry board; this endorsement will be secured by ARBO once you volunteer.

*You must complete the online COPE reviewer training that consists of six 5-20 minute self-paced educational modules followed by a short self-assessment.

COPE reviewers are not requested to review more than two courses at any given time. The review of a course typically takes 30 to 60 minutes. You will receive a new course for review approximately every 3- 4 weeks.

To Sign Up: www.arbo.org/copereviewer_signup.php

Regulations

Office of Administrative Hearings

Review of Decisions and Actions of Health Occupation Boards

Chapter 613 of the 2017 Maryland laws enacted became effective on June 1, 2017. The purpose of the Act is to address the decision in North Carolina State Board of Dental Examiners v. FTC, 135 S. Ct. 1101 (2015), to ensure that there is State supervision. On or before June 1, 2018, the Department of Health and the Office of Administrative Hearings are charged with submitting proposed regulations to the Joint Committee on Administrative, Executive, and Legislative Review.

These regulations, which are in the drafting process, set out the procedure for the supervision of each Board or Commission that is composed, in whole or in part, of individuals participating in the

Published Papers	12 hours
Public Meeting	4 hours

Discipline

During the fiscal year 2017, the Board received (23) complaints. The Board disposed of the complaints as follows: Informal disciplinary action in the form of (4) Letters of Education/Letters of Admonishment; (5) complaints were closed due to no violation, (5) complaints closed administratively and (9) complaints were carried over and still under investigation.

occupation or profession regulated by the Board or Commission. The supervision outlined in these procedures is intended to prevent the unreasonable anticompetitive actions by the Board or Commission and to determine whether the actions of the Board or Commission further a clearly articulated State policy to displace competition in the regulated market. Licensees will be notified when the regulations become effective.

ARBO Board of Directors

Patricia G. Bennett Serving as Consultant to the ARBO Board

The ARBO Board of Directors is excited to announce that they invited Ms. Patricia Bennett, MSW, Executive Director of the Maryland Board of Examiners in Optometry, to participate as a consultant to the Board for the next year (through the 2018 ARBO Annual Meeting in June). Ms. Bennett has agreed to serve in this capacity, and in this role she will attend meetings and conference calls of the Board of Directors to bring the unique perspective of an ARBO Member Board Executive Director. The ARBO Board is thrilled to have Pat working closer with them and they think that she will be a very valuable addition due to her many years of experience working with the Maryland Board of Examiners in Optometry and other regulatory boards.

Optometrist Rehabilitation Committee

The Board is legislated to have a Rehabilitation Committee, as detailed in the Annotated Code of Maryland, H.O. Article Title, 11, § 11-405. The purpose of the committee is to evaluate and provide assistance to any optometrist, and any other individual regulated by the Board, in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependency, or other physical, emotional, or mental condition.

In light of the recent opioid crisis, the Board is including a link to information and resources available to licensees, their patients and the general public. Also attached is a pertinent article published by the American Optometric Association for optometrists addressing the Opioid Public Health Emergency. [Click here](#) to read the complete article.

On its website, the Board has provided general information for licensees about available resources should they chose to self-refer. If you visit the Board's website and click on Rehab Committee, its link you directly to the Department's Behavioral Health page [click here](#).

In instances where either a licensee contacts the Board directly about the need for treatment/rehabilitation or a complaint has been filed about a licensee's substances use/abuse, chemical dependency or other behavioral health conditions, the Board would contact a third party entity to evaluate and provide the assistance needed.

Consumer's Corner

A Retrospective Account

The Board of Examiners in Optometry of the State of Maryland is comprised of seven members; five of whom must be licensed

optometrists who have lived and practiced in the State for at least five years and two consumer members from the general public. All seven members are appointed by the Governor of Maryland. The purpose of the Optometry Board is to ensure the health and safety of the citizens of Maryland by regulating the practice of optometry. My final Board term as a consumer member will expire next May, and I would like to make a few observations while I still have the opportunity.

During my previous professional career I served on many boards and I feel comfortable in saying that the Optometry Board is one of the most informed and competent boards with which I have been involved. Although the Board has successfully resolved many issues which directly impact the health and well being of the citizens of Maryland there are challenges to the Optometry Board's responsibility to protect the general public which remain unanswered, for example: 1.State regulations have not kept pace with new developments in optometry, and the practice of optometry continues to be restricted by detailed regulations which prohibit the use of drugs or devices not specifically listed; 2. some optometrists now work for large companies where the responsibility for record keeping, fitting contacts, billing etc. is no longer under the optometrist's control, and the companies are not under the Board's jurisdiction; 3. new technical developments have made it possible for patients to have their eyes examined and to order eyeglasses and contact lenses from out-of-state and even out-of country providers; 4. on-line education has made it difficult to evaluate continuing education requirements.

These, and other issues which will undoubtedly arise, will continue to be problematic and the Board must become more proactive in identifying emerging trends, challenges and solutions. In order to begin this process, the Board is scheduling a retreat in 2018 to identify the complex issues which it faces as it strives to fulfill its responsibility to the people of Maryland. While I regret that I will not be in attendance, I commend the Board for taking this first step. In closing, I would like to paraphrase the rabbit in "Alice in Wonderland" who observed that any road will do if you don't know where you're going; (a good argument for planning, I think).

Frederick J. Walsh, Ph.D.
Consumer Member

Quality Enhancement & Improvement

Andrew Doyle, O.D., QEI Chair



QEI Committee Observations - Diagnosing Corneal Ulcers

During the last Quality Enhancement and Improvement (QEI) audit of exams in which therapeutic pharmaceutical agents were prescribed, the committee noted that many of the notes submitted were from patient encounters where a corneal ulcer was diagnosed and treated.

In many of the cases, it was clear that the doctor had coded the condition using the ICD-10 code H16.00(1,2) for "unspecified corneal ulcer" right or left eye. However, upon review of the history and findings in the vast majority of these cases, the diagnosis of contact lens induced peripheral ulcer (CLPU), contact lens induced acute red eye (CLARE), or infiltrative keratitis would have been more appropriate.

To help differentiate a true microbial keratitis (MK) or bacterial ulcer from a non-infectious, contact lens related infiltrative keratitis there are several factors to be considered. First, the lesion's location. Lesions located within six millimeters of the center of the cornea are more likely to be infectious ulcers or MK. Second, the amount of pain and photophobia is typically more severe in MK than non-infectious causes. Third, there is much more inflammation in surrounding locations when a true MK is present, from the lids, to the conjunctiva, and to the anterior chamber. Lastly, the degree of epithelial damage is greater in infectious cases. In contact lens related infiltrative keratitis there is often staining of the epithelium, but the area it covers is less than that of the underlying infiltrate. In cases of infectious keratitis the area of compromised epithelium is much larger and is very close to the same diameter of the associated infiltrates.

The importance of distinguishing between the potentially sight threatening microbial keratitis and the moderately burdensome contact lens related keratitis exists on multiple levels. Patients will hear drastically different prognoses, be prescribed different medications, and go through different follow-up experiences with each diagnosis. A good review of the differences between MK and contact lens induced problems can be found in the Review of Optometry website's article by Joel Silbert OD entitled "Is it an Ulcer or and Infiltrate."

Another reason it is important to make the proper diagnosis has to do with the coding of the clinical data. If a condition is repeatedly misdiagnosed and coded incorrectly this can lead to far-reaching impacts on epidemiology, research, and funding for health services. In many of the reviewed cases, the use of the more accurate ICD-10 code H18.82(1,2,3), "corneal disorder due to contact lens" and/or H18.20, "unspecified corneal edema", and not H16.00 would help reduce potential negative impacts of overdiagnosing "unspecified corneal ulcer."

QEI Committee Report-TPA Record Review

In 2017, as required by the current optometry law and regulation (Annotated Code of Maryland §11.404.3 and COMAR 10.28.12.05&.06), The Quality Enhancement and Improvement (QEI) committee audited the exam notes of therapeutically certified, or TPA, optometrists (ODs). The audit randomly selects ten percent of TPA ODs to submit ten patient records in which therapeutic pharmaceutical agents were used. Those selected in the audit will not be audited again for at least four years, unless the committee determines the quality of their notes requires more frequent monitoring.

The QEI committee is made up of one Board of Optometry member and volunteer TPA ODs. This committee does commit its personal time to reviewing, sometimes up to 20 TPA ODs, and meeting in person two times a year. Their efforts are greatly appreciated by the board. However, the committee member's efforts are not always appreciated by those audited. TPA ODs have made it clear, sometimes very angrily, that the process involved in collecting TPA records seems unnecessary and burdensome. The QEI committee does recognize the burden put upon TPA ODs, but also recognizes that this process is part of what is required to practice optometry in Maryland. A license to practice optometry is a privilege granted to the OD by the Board. The Board tries to ensure the public that practicing ODs follow the current law. So, unfortunately, the burden of the QEI audit will remain for as long

as it is in statute and the Board is in existence to enforce that statute.

The QEI committee would like to make the auditing process as easy on TPA ODs as it can be by providing the following guidelines. First, make efforts to submit legible records. If you handwrite records presently, and it has been brought to your attention that it can be difficult to read your notes, consider ways of improving that. Switching to an electronic medical record (EMR), typing the exam note, or having a scribe with legible handwriting write the note are all possible ways of increasing your notes legibility. Second, be sure that your TPA notes include slit lamp findings for both eyes and are documented at all TPA visits, and not just the initial encounter. Third, be sure that pupils and tonometry are performed at all TPA visits. In the case of tonometry, if it is contra-indicated because of the patient's condition, be sure to document why it was not performed. The QEI committee is aware that 11-208 of the optometry law states that a minimum optometric exam includes "tonometry without anesthetic when indicated or for a patient over 40 years of age." Because so many TPA exams involve conditions or treatments that can influence intraocular pressure (IOP), or that the management of the condition can be better performed when the IOP is known, the QEI committee considers it the standard of care to perform tonometry at all TPA visits unless clearly contraindicated.

Third, the QEI committee highly recommends that special attention be made to not rely too heavily on EMR auto-fill entries. If additional notes are made to the exam body that contradicts the EMR's default or normal findings, the notes validity is muddied. It is best to make sure all aspects of the note are consistent to avoid the note having any ability to be interpreted as a false record. And, lastly, be sure to include a statement in all TPA notes that addresses what the QEI committee calls the "72 hour rule." This rule originates in the section of the statute that states a TPA OD must consult with an ophthalmologist if a patient does not have the expected response to the prescribed TPA. All TPA exam notes should indicate if the patient has had the expected response in 72 hours. The QEI committee recognizes the following methods as ways of knowing if the patient had the expected response: a. examining the patient in 72 hours; b. contacting the patient within 72 hours and documenting that conversation in the exam record; c. a note that the patient was educated to contact the office if their condition is not improving after 72 hours.

The QEI committee genuinely thanks you for reading this and feels that if you are audited, the process will be less burdensome on all involved if these recommendations are followed. Also, if you have any interest in joining the QEI committee, please contact the Board office to learn how you can volunteer.

4201 Patterson Ave -Room 307- Baltimore, MD 21215 - (410) 764-4710