

OREGON BOARD OF OPTOMETRY

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From the Board President

Scott M. Walters, O.D.

“GET OFF THE SHNIDE!!”

During a recent OBO meeting, as the board was discussing cases, something caught my attention and I quipped, “that person needs to get off the shnide”. One of my board colleagues quickly came back with the question “what is a shnide?” Then they challenged me to title my newsletter column with that phrase! At that point I had to think, because I didn’t even know how to spell “shnide” and the only time I had ever heard it used was on ESPN in reference to some person or team finally overcoming a losing streak.

In optometric practice as in life it is easy to start to do things by rote, habit or routine and to not think about why we are doing things the way we do them. In terms of our profession and caring for our patients, “getting off the shnide” basically means to do some self assessment in terms of the way we do things and to make some changes for the better.

Sometimes situations force us to change the way we do things. Recently, our office underwent a complete remodeling. All of the exam rooms that I worked out of changed, and I was forced to therefore make some changes to my routines. For twenty years I had always stood to the right of my patients during refractions; now in some of our newly remodeled rooms I had to stand on the left. Also, we went from projected acuity charts to a computerized acuity system with LCD monitors. After a period of adaptation, the result was that I found myself more efficient in my refractions.

Rather than being forced to change, I would recommend that you take the initiative and think about some aspects of the way you take care of your patients and make the necessary changes. Maybe you need to be more complete in your record keeping. Possibly you need to consider EMR. Adding that new high-tech imaging device would be nice. Assess your staffing needs and train or delegate more. Whatever it is, get off the optometric shnide and do it!



Mandatory Reporting of Child Abuse

Michelle Monkman, O.D.
Vice President

In Oregon, optometrists are considered mandatory reporters in the matters of child abuse. This means that regardless of whether we are in the office or not, we are mandated to report any suspected child abuse to the local offices of child welfare.

The question has arisen whether this applies to both the physician and the staff in the office. At this time, the only mandatory reporter is the physician. The staff is not required by state law to report. The State of Oregon clearly defines issues around child abuse on the website www.Oregon.gov. Using the button called "Human Services", scroll over to "Abuse and Neglect" then over to "Child Abuse". This will take you to a page which defines abuse and answers most questions you might have.

From the Board Executive Director

David Plunkett

Two prevalent issues that have recently surfaced at the Board's office concern record retention/custody and the hiring of unlicensed individuals in optometry offices. I will address the record retention issue in some detail and the unlicensed practice in less detail since there is another article covering that matter in this newsletter.

The Oregon administrative rules

(OAR 852-10-051) require that when an optometric physician changes practice locations, closes a practice or retires the patient records must be transferred to another doctor of optometry licensed and practicing in Oregon. For those practitioners that are working for another doctor in an optometry practice, this is a very simple process. Simply mail or fax to the Board's office a notice that indicates which practice you are leaving, and indicate in the notice that the patient records are remaining at the optometry practice's office. If you are a practitioner employed as an independent contractor working for an optical company, the process is a little more involved. First, the optical company cannot own patient records generated by an optometric physician; the records are the custody of the practitioner. Therefore, the optometric physician must either take those patient records upon leaving and maintain them, or transfer (in writing) the custody of those records to another doctor. In this situation, in general, patients can be best served by transferring those patient records to the new incoming optometric physician. The written transfer document must be signed by both of the doctors with a copy to the Board.

In the matter of unlicensed practice - - - it has long been recognized in private industry and government that it is a necessary business practice to verify that a person you employ has the minimum education and training credentials for which he/she is hired. Third-party payers verify from licensing agencies, such as the OBO, the credentials of their providers (optometrists). Typically, the verification of licensure and

credentials is done at minimum annually; some companies as frequently as every 90 days. These third-party payers want to be absolutely sure that the patient is being provided care by a person licensed and qualified to perform those services.

If you, as an optometric physician or professional corporation, are employing another practitioner, you want to make sure that the person is licensed and qualified to perform those services for which they are being employed. Failure to ardently adhere to this process can lead to some potentially devastating consequences.

AOL and ATT E-mail Alert!

Attention all licensees with AOL and ATT e-mail accounts: Mail sent by the Board to these addresses, and some other IT providers, has been returned as undeliverable. Please check your account settings and make adjustments to allow mail from the Board to be delivered. If you have difficulty, or need advise as to how to make the necessary changes, please consult with your IT provider.

The Board has e-mail addresses for most licensees and will be sending more documents and notices by electronic mail in the future. Documents such as this newsletter, compilations of the Oregon Revised Statutes and Administrative Rules and notices will be distributed electronically. These documents are also currently available in PDF format on the Board's website at www.oregonobo.org.

Verify the License!

By now, most Oregon optometrists are aware of the recent discovery by the Board of an unlicensed individual posing as an optometrist. This person was not only unlicensed but had never graduated from optometry school. What you may not know is that the Board has addressed a number of cases in recent months involving the unlicensed practice of optometry. Discipline has been either proposed or imposed on several licensees for violations of ORS 683.140(1)(e), employing any unlicensed optometrist to perform any work covered by ORS 683.010 to 683.335, and OAR 852-060-0027(3), aiding an unlicensed person in the practice of optometry. An underlying error in almost every instance was a failure on the part of a licensee to verify the license status of the individual that was being hired. An alphabetical list of all the currently licensed physicians is published on the Board's website. This list is updated weekly and may be useful to optometric physicians, not only in verifying the license status of Oregon optometrists, but also as a reminder of the expiration date of licensees' CPR certifications and the due date of their ethics or law courses.

It is important to note that ORS 683.140(1)(e) prohibits the employment of any unlicensed optometrist to perform any work covered by ORS 683.010 to 683.335. An "unlicensed optometrist" includes any person who has a doctorate in optometry, but who is not currently holding an active license in Oregon, and "any work covered by ORS 683.010 to

683.335" includes any functions that a licensee may personally perform or which may ordinarily be delegated to properly trained ancillary personnel as covered in OAR 852-020-0060. This is appropriate to remember as new graduates begin looking for work opportunities in the coming months. Be sure that the license process is complete and the license is issued before employing a doctor in any capacity.

Ethics/Law COE Reminder

Remember to complete at least one hour of continuing education which addresses the topic of either ethics in optometry or Oregon law and administrative rules no less than every other year as required by OAR 852-070-0010(1)(b). Since 2005 all active status licensees are required to report one hour of COE in one of these categories as a condition of their license renewal. If your last ethics or law course was reported in 2006, you should complete a course for your 2008 renewal. If you reported a course with your 2007 renewal, your next course will be due in 2009. Contact the office of the Board if you are not certain when you last reported your course work. This information is also available on the Board's website at www.oregonobo.org.

Consent To Optometric Care

In the State of Oregon, any person shall be deemed to have arrived at majority at the age of 18 years (ORS 109.510). This means that unless specifically authorized elsewhere in

statute to the contrary, a person must be 18 years of age to authorize diagnosis or treatment of care. Medical doctors, dentists and nurse practitioners all have an exception to this statute that allows a minor 15 years of age or older to give consent to hospital, medical or surgical diagnosis or treatment without the consent of a parent or guardian (ORS 109.640). In other words, an ophthalmologist can perform eye surgery on a 15-year old patient without parental consent, but an optometric physician cannot perform an eye examination unless parental consent is given. This matter probably is not well understood by the optometric community or by the public at large.

Delegation In Optometry

The Board has made a provision for delegation of some procedures to well-trained and properly supervised ancillary staff. The guidelines for delegation may be reviewed in OAR 852-020. However, ORS 683.140(1)(e) prohibits the employment of an unlicensed doctor of optometry to perform any of the work covered by ORS 683.010 to 683.335. In other words, none of the procedures which might be delegated to an individual who does not hold an optometry degree may be performed by an unlicensed doctor of optometry. While this may not seem "fair", this is what the law states, and disciplinary action may be imposed by the Board for a violation of the statute.

In addition, there are some procedures which may not be delegated at all. OAR 852-020-0060 sets the criteria for these

procedures and activities. In brief, the optometric physician may not delegate ophthalmoscopy, gonioscopy, final central nervous system assessment, final biomicroscopy, final refraction, final determination of any prescription or treatment plan. An Oregon licensed optometric physician must personally perform tonometry on glaucoma patients and perform procedures involving pharmaceutical agents. The only exception to this is for a trained technician to instill medication according to the physician's directions or provide educational information. The record of any procedures or testing which has been performed by a supervised technician must be signed by person performing the task in the patient's chart.

2009 Minimum Licensing Standard

This is a reminder to all active status licensees: Effective with year 2009 license renewal, beginning January 1, 2009, all active status licensees practicing optometry in Oregon shall have obtained certification to use "topical and nontopical therapeutic pharmaceutical agents" as a condition of license renewal (AT license).

The course requirements for the "AT" certification include completion of an approved didactic course of at least 23 hours or a passing score on the 2002 or later TMOD section of the NBEO examination, and a CPR certification based on the American Heart Association's BLS Healthcare

Provider course, or its equivalent as determined by the Board. The CPR course for initial AT certification must be a live course including a hands-on skills evaluation. On-line courses are not accepted for initial AT certification.

In order to be "ATI" certified, which includes an injection endorsement, the applicant must additionally show proof of completion of an approved injection lab which is at least seven hours in length, or equivalent coursework, as determined by the Board.

The Oregon Optometric Physicians Association, in conjunction with Pacific University College of Optometry, will sponsor a 23-hour didactic course and an injection lab on August 17, 18, 19, and 20, 2008 which have been approved for AT and ATI certification. Interested persons may register at the OOPA [website](http://www.oregonoptometry.org) (www.oregonoptometry.org) or contact the OOPA office for details of these courses. The Board recommends that physicians complete their training while courses are available, and apply for the certification of their choice prior to the 2009 deadline. The 23-hour AOT Didactic Course and the 7-hour AOT Injection Lab may be used to meet your annual 18-hour COE requirement.

After initial AT or ATI certification, CPR certification may be renewed by completing an online course which is based on a comprehensive BLS Healthcare Provider curriculum provided that the course requires a hands-on skills evaluation as a condition of re-certification. A CPR card, which includes a valid expiration date, must be received from the provider and presented to

the office of the Board at the time of license renewal. Any lapse in CPR certification during a renewal period will result in a fee of \$50.00 pursuant to OAR 852-050-006(9)

CPR Course Requirements

A requirement of AT and ATI certification is completion of a CPR course which is based on the American Heart Association BLS Healthcare Provider curriculum or an equivalent course as determined by the Board. For initial AT and ATI certification, the CPR course must be live, with a hands-on skills test. An on-line course is not accepted for initial AT and ATI certification. The Board will accept an on-line CPR renewal course subsequent to initial AT and ATI certification, provided that the renewal course includes a hands-on skills test as a condition of certification. This is a change in policy which was adopted by Oregon Administrative Rule 852-080-004(4)(I) effective July 1, 2007. A CPR card displaying a valid expiration date must be received from the provider and included with the doctor's license renewal. Any lapse in CPR certification during a renewal period will result in a fee of \$50.00 pursuant to OAR 852-050-006(9).

Investigation Activities

The Board has revised the method for which board activities, including disciplinary actions, are reported. The report is no longer based on the calendar year, but on the fiscal year. Beginning in the month of July 2007 and ending on March 30, 2008, the

Board reviewed 49 complaint cases, 15 of which were resolved and closed. Three of the cases resulted in discipline as follows:

Johnathan Rogers - Final Order by Default, Civil Penalty, \$20,000: Practicing optometry without a valid Oregon license and representing to be an optometrist, pursuant to ORS 683.180(7)(8), 683.020, and OAR 852-60-025(2)(b); Willingly attempting to deceive the Board, and employees of the Board, in the matter under investigation by the Board pursuant to OAR 852-60-027(10); Failure to comply with the Temporary Stipulated Order of the Board dated June 7, 2007 in which he agreed not to practice optometry or represent himself as an optometrist in violation of OAR 852-60-027(21).

Keirsten Eagles, OD - Final Order by Default: Reprimand and Civil Penalty: \$250 for practicing optometry without a license pursuant to OAR 852-060-025(2)(b).

Terri Vashe, OD - Stipulated Final Order: Reprimand and Civil Penalty: \$250 for aiding an unlicensed person in the practice of optometry pursuant to OAR 852-060-027(3).

Optometric Physicians Without Nontopical Certification

Six hundred eight optometrists have taken either all or part of the Oregon-sponsored coursework which is required for certification to use, administer, and prescribe the

agents included in the non-topical formulary in Oregon. There are currently 469 active status optometrists who are ATI certified, and 102 who are AT certified. In addition, there are 33 inactive and inactive-military licensees who are either AT or ATI certified.

As of the publication date of this newsletter, there are 118 active status physicians who have not yet applied for certification to use, administer and prescribe the nontopical formulary. These physicians must complete their application no later than their renewal date in 2009 as a condition of licensure. Following is a list of these optometrists:

Anderson, Stanley
 Antonie, David
 Artman, Molly
 Backer-Palmer, Kristi
 Baker, Michael
 Bane, David
 Beerbower, Monte
 Bodman, Ronald Dustin
 Borgholthaus, Scott
 Bowen, Craig
 Brittain, Shawn
 Brumley, Robert
 Burns, Sarah
 Carey, Elizabeth
 Carkner, Donald
 Carter, Lee J
 Cates, Gerald L.
 Clay, O. Keene
 Closson, Darin
 Cooper, Scott
 Corbell, Nathan
 Crowell, Gary
 Decker, Steven
 Dehaan, Raymond
 Dieter, Timothy
 Dittmore, Dirk
 Dittmore, Kimberlynn
 Ehlers, Kenneth
 Elliott, Charles
 Enyart, Brett

Erdman, Kenneth
 Erickson, Graham
 Faulkner, William
 Feilzer, Keith
 Fortune, Brad
 Franz, Robert
 Freeh, Timothy
 Furie, Alfred
 Glad, Susan Marie
 Graziano, Jeremy
 Griswold, Garry
 Harr, Donald
 Hazell, Patricia
 Hinshaw, Katherine
 Hirata, Sharon
 Hochstatter, Jeanette
 Hughes, John
 Huston, Patrick
 Ibarra, Eduardo
 Jang, Yun-hee
 Jeo, Tina
 Jones, Jeffrey
 Kerns, Ronald
 Kim, Michael
 Kitamura, Stephanie
 Kitzrow, Gary
 Knowles, Gary
 Kwon, Marielle
 Kyle, Dean
 Laffin, James
 Langeliers, Leonard
 Lindley, Gordon
 Lovercheck, Kirsten
 Lundgren, Rick
 Mace-Olsen, Shari
 Mayes, John
 McNamara, Debra
 Metzger, Anne
 Miller, Keith
 Moller, Kandi
 Moore, James
 Moran, Anna
 Morrissey, Brian
 Mullins, Steven
 Muraki, Cecilia
 Newell, Richard
 Newton, Joyce
 Nishikawa, Daphne
 Olsen, Stephen
 Olsovsky, Paul
 Palmblad, Tera

REPORT OF BOARD ACTIVITIES

JULY 2007 through APRIL 2008

LICENSING ACTIVITIES:	
ACTIVE LICENSEES	691
ACTIVE AT	102
ACTIVE ATI	466
ACTIVE TPA	123
INACTIVE/MILITARY LICENSEES	524
INACTIVE/MILITARY AT	6
INACTIVE/MILITARY ATI	28
INACTIVE/MILITARY TPA	296
INACTIVE/MILITARY DPA (ONLY)	167
INACTIVE/MILITARY NO TPA/DPA	27
TOTAL LICENSEES	1215
OTHER ACTIVITIES:	
APPLICATIONS FOR LICENSE RECEIVED	35
NEW LICENSES ISSUED	38
BY EXAMINATION	35
BY ENDORSEMENT	3
REACTIVATIONS/REINSTATEMENTS OF LICENSE	8
ATI CERTIFICATIONS	25
AT CERTIFICATIONS	27
TPA CERTIFICATIONS	2
LICENSE VERIFICATIONS COMPLETED	59
CE COURSES APPROVED/ENTERED	160
BOARD MEETING DAYS	4
COMPLAINTS:	
INFORMAL COMPLAINTS HANDLED BY STAFF	40
NEW FORMAL COMPLAINTS RECEIVED BY STAFF	19
FORMAL COMPLAINTS REVIEWED BY BOARD	57
NEW COMPLAINTS REVIEWED BY BOARD	24
COMPLAINTS RESOLVED AND CLOSED BY BOARD	15
DISCIPLINARY ACTION	3
NO DISCIPLINARY ACTION	12