

**BOARD OF OPTOMETRY
ADDENDUM TO THE FINAL STATEMENT OF REASONS**

Hearing Date: December 22, 2009

Subject Matter of Proposed Regulations: Requirements for Glaucoma Certification

Section(s) Affected: Add 1571

Updated Information:

The Initial Statement of Reasons is included in the file. The information contained therein is updated as follows:

Factual Basis/Necessity:

The requirements for glaucoma certification outlined in the regulation are sufficient training programs and that after completion of the requirements will allow California optometrists to treat patients in a safe and effective manner. The glaucoma certification process is designed for experienced practitioners who are actively engaged in optometric practice. They are already experts at assessing ocular tissue, ocular health status, and determining normal versus abnormal clinical findings. The training programs in the proposed regulation will develop practitioner skills to enhance clinical decision making. The two most important areas for decision-making enhancement are 1) when to initiate the first treatment plan; and 2) when to modify the current treatment plan due to further progression. With that in mind, the following glaucoma certification process was approved by the Board for the following reasons:

Section (a)(3) (A)-(F) Didactic Course – The Board determined that the 24-hour didactic course currently found in BPC section 3041 (f)(3)(A) satisfactorily covers the necessary knowledge to diagnose glaucoma, treat and manage all types of glaucoma, but with special emphasis on the types authorized by Senate Bill (SB) 1406. The course also covers in great detail narrow angle glaucoma (or angle closure glaucoma), emergency care and when further consultation is required. There was full agreement among the members of the Glaucoma Diagnosis and Treatment Advisory Committee (GDTAC) and Office of Professional Examination Services (OPES) that this course is sufficient in meeting the requirements for didactic education on glaucoma for licensees who graduated prior to May 2000, but have not taken the course.

The six topics outlined in section 1571 (A)-(F) of subsection (A)(3) have been carried over from SB 929 and have been offered since 2001. The 24-hour didactic course was developed by the schools and colleges of optometry as charged by SB 929 and approved by the Board. This course continues to be presented in a current and comprehensive format and provides an extensive coverage and discussion of every aspect of glaucoma diagnosis, treatment and management. For these reasons, the 24-hour didactic course continues to be appropriate for the purposes of glaucoma certification.

Section (a)(4) Case Management Requirement - The Board determined that prospective treatment of a minimum requirement of 25 individual patients would provide a sufficient level of experience for optometrists to treat and manage patients with glaucoma competently and safely at an entry-level stage. The best epidemiological data suggests that 25 patients is more than sufficient to represent the number of new diagnosed glaucoma cases that are likely to present in an optometric practice. Over the course of one year, and multiplied by 25 patients, practicing optometrists would have the opportunity to directly observe cases that are stable for the period

of time, newly diagnosed cases, cases that progress, and other issues such as patient adherence to treatment regimens, patient education and adverse drug effects.

Under the prior law SB 929, licensees were required to co-manage 50 patients over a span of two years with a supervising ophthalmologist. This process did not lead to a timely route for certification. Also, according to the report by OPES, there is no justification to follow a patient for two years to monitor for side effects of medicines or for glaucomatous changes. Cross-sectional observations and studies are common in all fields of research as compared to longitudinal studies simply because it is often impossible to follow the same subject or patient over a long period of time to monitor for changes. Cross-sectional observations allow for a snapshot view at any particular point in time for any single patient; thus, permitting a composite assessment and comparisons over an entire population of patients. New patients, if caught early, generally will show very little damage to the optic nerve and visual field loss might be minimal; but established glaucoma patients may be seen at various levels of glaucoma progression. Therefore, a shorter period of consultation will accomplish the same goal.

Section (a)(4)A. Case Management Course - The Board determined that the Case Management Course proposed in the regulation is sufficient to meet a portion of the Case Management Requirement. Case management is an effective means of evaluating patients from diagnosis to treatment and follow-up with a variety of conditions and circumstances. Certification candidates would have the opportunity to evaluate a variety of cases and see the outcomes of each case.

No patients are treated as a part of the requirement because this is not the first time California licensees have been exposed to patients with glaucoma. According to Office of Professional Examination Services' report, optometrists who have chosen not to go through the glaucoma certification process as mandated by SB 929 gain experience in working with glaucoma patients by measuring intra-ocular pressure, performing biomicroscopy, gonioscopy and visual fields, dilating eyes and evaluating optic nerves, and assessing risk factors for glaucoma; they make diagnostic decisions and if necessary refer for treatment. This advanced Case Management Course will increase patient access to care in a more timely fashion.

The topics outlined in section 1571 (a)(4)(A)1. a.-b. and (a)(4)(A)2. a-f of subsection (a)(4)A. were included in this regulation because these are the topics and conditions licensees must be familiar with in order to effectively treat glaucoma competently and safely at an entry-level stage. Curriculum topics are selected based on epidemiological data such as prevalence, incidence rates, and risk factors. The topics emphasize the most common types of glaucoma and the types of glaucoma that pose the greatest threat to vision, i.e. acute angle closure. An examination at the completion of the course is included to ensure glaucoma certification candidate competency.

Section (a)(4)B. Grand Rounds Program – The Board determined that the Grand Rounds Program is sufficient to meet a portion of the Case Management Requirement. This program is an effective teaching tool for glaucoma certification because live patients are individually examined during the program and would parallel independent glaucoma case management where practitioners evaluate the patient, recommend treatments and monitor progress. In addition, such a program offers the opportunity for practitioners to examine a wide range of patient types, which are not easily accessible in practice due to low incidence of these types of diseases. Group discussion with instructor feedback provides an environment for comprehensive analysis of each case.

Also, the members of the GDTAC agreed that a glaucoma case management course could be presented to glaucoma certification candidates in a grand rounds setting, similar to the type of

training provided to medical residents. The topics in the Grand Rounds Program were chosen to ensure that glaucoma certification candidates are exposed to and involved with the multiple aspects of treating patients with glaucoma. Furthermore, some practitioners with a more kinesthetic learning style may appreciate this type of learning environment. In order to optimize opportunities for more doctors and to better serve the public, it is important to offer a variety of learning experiences.

Section (a)(4)C. Preceptorship Program – The Board determined that the Preceptorship Program is sufficient to meet the Case Management Requirement. This option is an updated version of the certification process as mandated by SB 929. In this updated preceptorship program, licensees can co-manage patients with a glaucoma certified optometrist as well as an ophthalmologist. Glaucoma certified optometrists have taken the required course work and have completed the in-person training requirements and have thereby demonstrated their capabilities to provide glaucoma care. As such, they are well suited to know what other optometrists need to know to confidently and successfully care for glaucoma patients. This allows for further flexibility when an optometrist is choosing the appropriate preceptor and allows for timely completion of the certification process.

Section (b) Continuing Education - The Board added 10 hours of glaucoma specific education within the 35 hours of continuing education for ocular disease to ensure patient safety and to ensure that licensees who engage in the treatment of glaucoma are up to date on the latest methods and studies in the treatment of glaucoma. Continuing education was left up to the Board's discretion in OPES' report. A large influx of comments requesting that this be a requirement for glaucoma certification were received, thus in a effort to cooperate with stakeholders and continue to ensure that patient safety is the Board's number one priority, glaucoma specific continuing education was added. In addition 10 hours are 20% of the current total continuing education requirement. More than likely, glaucoma patients will be far fewer than 20% of the average optometry practice, however, given the severity of the disease, 10 hours is reasonable.

Section (c) Graduates after May 1, 2008 – The Board added this provision to the regulation because it was mandated by SB 1406. The language was taken directly from the legislation and the Board agrees with that language because the California schools and colleges of optometry provide the training necessary to produce glaucoma certified graduates who will provide safe and effective glaucoma treatment. California licensed optometrists who graduated after May 1, 2008 have been issued licenses with glaucoma certification.

Sections (d) and (e) Didactic Course Requirements for Graduates Prior to May 1, 2008 and May 1, 2000 – The Board added these provisions to the regulation because it was mandated by SB 1406. The Board agrees with the legislation's assumption that licensees who graduated prior to May 1, 2000 who have not taken the didactic course must take it, and those who graduated after May 1, 2000 are exempt. The reason licensees who graduated May 1, 2000 and forward are exempt is because they already received didactic training in their education at the schools and colleges of optometry. Also, all graduates prior to May 1, 2008 must take the Case-Management Requirement in order to become glaucoma certified. These requirements are reasonable to protect the public and ensure California optometrists have the proper education to treat glaucoma safely and effectively.

Section (f) Licensees and SB 929 - The Board added this provision to the regulation because optometrists who began the certification process using the SB 929 guidelines should receive credit for the patients co-managed prior to the new SB 1406 requirements. According to OPES' report, those optometrists who have been co-managing patients under SB 929 have been treating glaucoma prospectively for several years by properly evaluating the patient, performing

all the necessary tests, diagnosing the patient, recognizing the type of glaucoma within a licensee's scope of practice, creating a treatment plan with proposed medications and target pressures, ongoing monitoring and reevaluation of the patient's condition, and making timely referral to an ophthalmologist when appropriate. Then after consultation with an ophthalmologist, have followed the patient during the course of treatment, and made subsequent decisions about changes in medication, achieving treatment goals, monitoring for glaucoma progression by analyzing optic nerve damage and visual fields, recognizing when medical treatment is no longer adequate, and making appropriate and timely referrals. All of these activities have fostered the diagnostic skills and critical thinking necessary for properly diagnosing, treating, and managing glaucoma patients. Furthermore, by following new as well as established patients over time, these optometrists have certainly gained an appreciation for the subtleties of glaucoma management. This provision gives optometrists full credit for such co-managing of patients.