California State Board of **Optometry**

**PRACTICE AND EDUCATION COMMITTEE
TELECONFERENCE MEETING AGENDA**
Friday, June 26, 2020
3:00p.m. until conclusion of business

This public meeting will be held via WebEx Events. To participate in the Webex meeting, please log on to this website the day of the meeting using this link:

https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eab5fbc55b90cbd18737ac13e2abc5a89

NOTICE: Pursuant to Governor Gavin Newsom's Executive Order N-29-20, in response to the COVID-19 pandemic, the meeting is being held entirely telephonically. No physical public location is being made available for public participation. Members of the public may observe or participate using the link above. Due to potential technical difficulties, please consider submitting written comments via email prior to the meeting:
optometry@dca.ca.gov

ORDER OF ITEMS SUBJECT TO CHANGE. ACTION MAY BE TAKEN ON ANY ITEM ON THE AGENDA.

1. **Call to Order/Roll Call**

2. **Public Comment for Items Not on the Agenda**
Note: The committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code § 11125, § 11125.7(a).)

3. **Discussion and Possible Action on January 31, 2020 Practice and Education Committee Meeting Minutes**

4. **Presentation by Bonnie Delatorre on Marshall B. Ketchum University's Glaucoma**
5. **Grand Rounds Certification Course; Possible Action**

6. **Discussion and Possible Action on Recommendation to the National Board of Examiners in Optometry for Additional Test Locations**

7. **Discussion and Possible Action on Title 16, California Code of Regulations §1536 Continuing Optometric Education; Purpose and Requirements**

8. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536** *(RESUBMITTED APPLICATIONS)*

   A. **Sacramento Eye Consultants – Ms. Beatrice Sterchak**
      1. Glaucoma Update 2019
      2. UGH Syndrome
      3. Red Eye, Bumps, & Unknown Diagnosing & Treatment
      4. Neurotropic Keratitis
      5. Glaucoma or Glaucoma Suspect?
   B. **NVISION Centers – Mr. Ryan Mannix**
      1. All Things Cataract
      2. All Things Refractive

9. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536** *(COMPLETE APPLICATIONS)*

   A. **Luxottica Retail – Ms. Cindy Chiang**
      Retinal Care for the Busy Retail Optometrist
   B. **Dr. Alice Tien**
      1. Scleral Depression: To Infinity and Beyond
      2. Combining Innovative Technology in Management of Glaucoma & Cataract for Your Patients
      3. Lasik and Cataract Co-Management
   C. **SoCalEyes – Ms. Rachel Lopez**
      1. Artificial Intelligence in Eye Care
      2. Glaucoma & Comprehensive Ophthalmology
      3. Global Eye Care, Dry Eye & Corneal Care
      4. Wonderful World of Autoflourescence
   D. **Mind Meld Studios – Mr. Michael Aberle**
      California AB 1825 / SB 1343 Employee
   E. **Furlong Vision Correction Medical Center Inc. – Dr. Parul Patel**
      1. Co-Management Tips and Pears
      2. Corneal Conditions Affecting Cataract Surgery
   F. **Acuity Eye Group – Ms. April Weekley**
      Gonioscopy
   G. **Shepard Eye Center – Ms. Susan Grahame**
      Intraocular Lens Cataract & LASIK Update
   H. **Harvard Eye Associates – Ms. Khristine Mays**
      Atypical UGH Syndrome
   I. **Harvard Eye Associates – Ms. Khristine Mays**
      Seeing the Invisible
   J. **Harvard Eye Associates – Ms. Khristine Mays**
      MIGS Not So Minimal
   K. **Harvard Eye Associates – Ms. Khristine Mays**
      GDI – Orbital Cellulitis
   L. **Shepard Eye Center – Ms. Susan Grahame**
      In-Office Procedures
   M. **East Bay Eye Center – Ms. Tammy Carson**
      Glaucoma & Anterior Segment (Cornea, Cataract & External Diseases CME)
   N. **Maloney-Shamie Vision Institute – Mr. Ryan Delaney**

1. Anterior Segment
2. Glaucoma
3. Retina

O. **East Bay Eye Center – Ms. Tammy Carson**
Glaucoma & Anterior Segment (Cornea, Cataract & External Diseases CME) Part Two – Additional Instructors

P. **EAP Optometry – Dr. Stephen Eap**
Optometry Law

Q. **Luxottica Retail – Dr. Cindy Chiang**
Retinal Care for Busy Retail Optometrist

R. **Dr. Sol Lee**
Diagnosis, Referral & Treatment of Retinal Disorders

S. **National Glaucoma Society – Ms. Janet Swartz**
How to Determine Glaucoma Progression

T. **National Glaucoma Society – Ms. Janet Swartz**
Allergies: The Eyes

U. **National Glaucoma Society – Ms. Janet Swartz**
Taking the Mystery Out of Abnormal Pupils

V. **National Glaucoma Society – Ms. Janet Swartz**
OCT Interpretation in the Diagnosis and Management of Glaucoma

W. **Batra Vision Medical Group – Ms. Hedy Rodriguez**
AcrySof IQ PanOptix IOL

X. **Ketchum University – Dr. John Lee, MD**
Challenging Cases in the Anterior Segment (ONLINE)

Y. **Dougherty Laser Vision – Mr. Jorge Calderon**
ADV Case Studies Eye Q Quiz

Z. **Dougherty Laser Vision – Mr. Jorge Calderon**
Cataract / RLE Surgery Co-Management

AA. **Dougherty Laser Vision – Mr. Jorge Calderon**
COVID-19 & Impact on Ocular Health

BB **Dougherty Laser Vision – Mr. Jorge Calderon**
Glaucoma Case Studies & Everyday Treatments

CC **Dougherty Laser Vision – Mr. Jorge Calderon**
Pearls of Cataract Co-Management Case Presentation & Preoperative Issues (ONLINE)

DD **Dougherty Laser Vision – Mr. Jorge Calderon**
Pearls of Cataract Co-Management Part 2 (ONLINE)

EE **Ketchum University – Dr. John Lee, MD**
1. Early Results of the Recent FDA Approved Trifocal IOL (ONLINE)
2. Epithelial Mapping and Refractive Surgery (ONLINE)
3. Trauma Drama: Cases of Mechanical Ocular Injury (ONLINE)

FF **Dougherty Laser Vision – Mr. Matt Liff**
Practicing Ophthalmology During the Era of COVID and Rapid-Fire Cases in Postoperative Cataract Management

GG **Dougherty Laser Vision – Mr. Matt Liff**
LASIK / PRK Peri-Op Care

HH **Dougherty Laser Vision – Mr. Matt Liff**
LASIK / PRK Peri-Op Care in the Era of COVID

II **Dougherty Laser Vision – Mr. Matt Liff**
Ocular Emergencies During COVID-19

JJ. **Dougherty Laser Vision – Mr. Matt Liff**
Adv Case Studies Eye Q Quiz #2

KK. Dougherty Laser Vision – Mr. Matt Liff
Laser Vision Correction: Postoperative Management
LL. Dougherty Laser Vision – Mr. Matt Liff
How I Became a Telemedicine Believer
MM. Retinal Diagnostic Center - Ms. Nonie Velez
Examining and Treating Ocular Diseases in the COVID-19 Era: What You Need To Know (ONLINE)

10. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536** *(KAISER PERMANENTE APPLICATIONS)*

   A. **KP – Ms. Aileen Nokes**
   A Usual Day in a Retina Office
   B. **KP – Dr. Alisha Truong**
   1. Use of OCT in Diagnosis and Management of Glaucoma *(online delivery)*
   2. MIGS: Micro-Minimally Invasive Glaucoma Surgery
   C. **KP – Dr. Divinder Grewal**
   Diagnosing Glaucoma Subtypes and Tests
   D. **KP – Dr. Alisha Truong**
   Pediatric Eye Care: Strabismus and Nerve Palsies *(online delivery)*
   E. **KP – Dr. Alisha Truong**
   Scleral Lenses for Scary Corneas Remix *(online delivery)*
   F. **KP – Dr. Alisha Truong**
   Infectious Keratitis – Pearls on Diagnosis and Management *(online delivery)*
   G. **KP – Dr. Alisha Truong**
   Evaluation and Management of the Adult Tearing Patient *(online delivery)*
   H. **KP – Dr. Alisha Truong**
   Corneal Dystrophies: Review and Update (ONLINE)
   I. **Kaiser Permanente c/o Dr. Alvin Chua**
   1. Eyelid and Facial Lesions
   2. Ocular Manifestations of Systemic Medications
   3. Zebra with a Red Eye

11. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536** *(INCOMPLETE APPLICATIONS)*

   A. **Inland Eye Institute – Ms. Jennifer Hess**
   1. Refractive Surgery Update
   2. Latest and Greatest on Adjunctive Cataract Surgery Services
   3. An Update on Intacs
   4. Visual Field Interpretation and Review of Micro Invasive Glaucoma Surgical Treatment
   B. **Acuity Eye Group – Ms. April Weekley**
   AMD Management and Treatment
   C. **Loma Linda University – Ms. Lavina**
   1. Cortical Vision Impairment
   2. Customization of IOL Selection with Cataract Surgery
   3. OCT Angiography and Retinal Disease
   4. Pain – Blurry Vision – Disc Edema
   D. **East Bay Eye Center – Dr. Ed Laubach**

East Bay Eye Center Multi-Specialty CME
- **E. Fig Garden Optometry – Dr. Jeffrey Krohn**
  ATIOLS – Adv Technology Intra-Ocular Lenses
- **F. Fig Garden Optometry – Dr. Jeffrey Krohn**
  Oculoplastic Reconstruction

12. **Review, Discussion and Possible Action on Optometry Strategic Plan**
    - Presentation by SOLID on Strategic Planning
    - Existing 2017-2020 Optometry Strategic Plan Items
    - Potential 2021 Optometry Strategic Plan Items

13. **Discussion on Telemedicine**

14. **Future Agenda Items**

15. **Adjournment**

The mission of the [California State Board of Optometry](#) is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry. Meetings of the California State Board of Optometry and its committees are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. Time limitations will be determined by the Chairperson. The Committee may take action on any item listed on the agenda, unless listed as informational only. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum.

NOTICE: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting by the Board at 916-575-7170 or optometry@dca.ca.gov. Written requests can be mailed to the California State Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

California State Board of
Optometry

PRACTICE AND EDUCATION COMMITTEE

DRAFT MEETING MINUTES

Friday, January 31, 2020
Teleconference locations:

DCA Del Paso Sequoia Room 2420 Del Paso Rd, Suite 109 Sacramento, CA 95834	California Eye Professionals 41637 Margarita Rd., Suite 201 Temecula, CA. 92591 Stevenson Ranch Library 25950 The Old Road Stevenson Ranch CA 91381	Charter College Oxnard Campus 2000 Outlet Center Drive #150 Oxnard, CA 93036

Link for audio of meeting here:
https://www.optometry.ca.gov/meetings/20200131_pec_audio.mp3

Members Present	Staff Present
Madhu Chawla, OD, Chair	Shara Murphy, Executive Officer
Martha Garcia, CLD, SLD	Cheree Kimball, Assistant Executive Officer
Debra McIntyre, OD	Marc Johnson, Policy Analyst
	Arsha Qasmi, Licensing Lead
	Sabina Knight, Legal Counsel
Members Absent	**Guest List**
	On File

1. Call to Order/Roll Call/Establishment of a Quorum

Audio of discussion: 0:00 / 38:55

Committee Chair, Madhu Chawla, OD called the meeting to order and took roll. She was present at the Stevenson Ranch location – no public members present; Martha Garcia, CLD, SLD was present at the Oxnard location – no public members present; Debra McIntyre, OD was present at the Temecula location – no public members present. A quorum was established

2.   Public Comment for Items Not on the Agenda

Audio of discussion: 1:05 / 38:55

There was no public comment.

3.   Discussion and Possible Action on September 13, 2019 Practice and Education Committee Meeting Minutes

Audio of Discussion: 1:17 / 38:55

Members had no changes. There was no public comment.

Debra McIntyre moved to approve the September 13, 2019 Practice and Education Committee Meeting Minutes. Martha Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Chawla	X				
Garcia	X				
McIntyre	X				

4.   Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536 *(RESUBMITTED APPLICATIONS)*

Audio of Discussion: 02:30 / 38:55

    A. Modern Cataract Surgery in the Post-Refractive Patient: How Do We Keep Them Happy?

There was no public comment.

Debra McIntyre moved to approve resubmitted course 4.A. Martha Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Chawla	X				
Garcia	X				
McIntyre	X				

5. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536 *(COMPLETE APPLICATIONS)*

Audio of Discussion: 03:32 / 38:55

A. Retina Update Course
B. Solving the Dry Eye Equation
C. Cataract Co-Management Issues
D. 1. 2019 Glaucoma Update
    2. LASIK Co-Management & Topo-Guided (CATZ) LASIK
    3. Salzmanns / Recurrent Pterygium
    4. Vision ICL Co-Management
    5. When IOLs Go Wrong
E. 1. Pigmented Iris Lesions
    2. MIGs: The Short Update
    3. Glaucoma Limbo – Low Tension Glaucoma Diagnosis and Management
    4. Recent Advances in the Management of Diabetic Retinopathy
    5. Vertical Strabismus: Common and Uncommon Cases
    6. Spectrum of Optic Disc Edema
    7. New Reimbursement Strategies for Eye Care Professionals
    8. Dropless Cataract Surgery – Current Indications, Future Directions
    9. Update on Dry Eye and Ocular Surface Disease
    10. Advances in Corneal Crosslinking
    11. Current Research Activities at Loma Linda Eye Institute
F. Management of DM and Macular Degeneration
G. 1. OCT – Angiography: What You Need to Know with New Technology for Retina, Glaucoma, and in a Comprehensive Exam
    2. Anterior Segment OCT Case Presentations
    3. Becoming a Medical Focused Optometric Practice by Preserving Vision with Early Detection
    4. Medical Coding & Reimbursement Including Compliant Coding
H. 1. Astigmatism: From Measurement to Management
    2. Keratoconus: Progression & Crosslinking
I. Retinology
J. 1. Diagnostic OCT Interpretation
    2. Age-Related Macular Degeneration
    3. Macular Diseases I and II
    4. Retinal Vascular Diseases
    5. Retinal and Subretinal Lesions
    6. Urgent Retinal Conditions
    7. Pediatric Retina Conditions
K. Modern Refractive Surgery: How to Treat Astigmatism
L. 1. Most Common Questions My Glaucoma Patients Ask…And How I Respond

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      2. Vessels and Beyond
M. 1. Ultra-Widefield Imaging in Diabetic Retinopathy
      2. Introduction to ReLExSMILE & Personal Experience
      3. Viewing the Retina 2D, 3D, 4D
      4. Glaucoma Surgery in the MIGS Era
N. 1. Current in Office Therapies for MGD
      2. Clinical Utility of OCT Angiography
      3. Walking a Fine Line
      4. Why Are You Crying?
      5. Retinal Emergencies
      6. Custom Cataract Surgery: How Do I Choose the Best Matching IOL for My Patient?
      7. Refractive Surgical Options for Managing Astigmatism
      8. Keratoconus: Progression and Corneal Crosslinking
      9. Astigmatism: From Measurement to Management – Case Presentations
O. Peripheral Retina
P. 1. Recent Advances in Treatment of Keratoconus
      2. Update on Retinopathy of Prematurity
Q. The Role of Lipiflow in Treating Meibomian Gland Dysfunction
R. New Paradigms in Eye, Brain, and Nerve and Their Impact on Clinical Practice
S. 1. Narrow Angle Glaucoma and Gonioscopy
      2. Corneal Surgeries for Different Corneal Diseases – Who Needs What Why and When
      3. Lens-Based Refractive Surgery: The Merger of Cataract and Refractive Surgery
      4. 30 Years of LASIK – Why Better Than 20-20 is the New 20-20
      5. Dry Eye: Zero to Brilliant in 60 Minutes
      6. Myopia Control
      7. Adult Diplopia Grand Rounds
      8. Alleviating Ocular Disease by Manipulating the Microbiome
      9. Plastic Surgery Primer for an Eye Doctor
     10.A Systematic Approach to Diabetic Retinopathy Grading Workshop
T. 1. Retinal Pathologies You Don't Want to Miss
      2. Role of Nutritional Supplementation in Dry Eye Disease
      3. Conquering Presbyopia
      4. Is it Cancer: The Role of Optometry in the Management of Periocular Skin Cancer
      5. Reducing Scleral Lens Complications
      6. Challenging Anterior Segment Cases: How to Manage Patients Outcomes with Advanced Technology
      7.The Frozen Cornea: Surgical Management of Ectasia & Irregular Astigmatism
U. 1. Visual Field Testing: Basic Principles and Interpretation
      2. Interoperative Aberrometry
      3. Engineering Acqueous Outflow: Cardioplasty

V.   The Role of Ocular Surface Disease in Glaucoma
W. The Secondary Silent Thieves: Secondary Glaucomas
X.   Corneal Ulcers Z to A: Zoster to Acanthamoeba
Y.   Say NO to Glaucoma
Z.   My Vision is Blurry Could it be from My Medications?
AA. Medical-Legal Issues in Glaucoma
BB. Latest Glaucoma Treatments: MIG's, Drops, Etc.
CC. The Role of Lipiflow in Treating Meibomian Gland Dysfunction
DD. 1. Cataract Surgery Co-Management
     2. Would You Treat an IOP of 21
     3. Panoptix and Multifocal IOL's
     4. Diabetic Retinopathy Cases
EE. 1. Approaches to Refractive Cataract Surgery
     2. Retinal Surgical Techniques
     3. Busting the 20/40 Myth
     4. Pterygium: Basic & Exotic
     5. Refractive Update
     6. Cataract / RLE Surgery Co-Management
     7. Glaucoma Pt.1 – Cases
     8. Glaucoma Pt.2 – Treatment
     9. IOL Complications
FF. First Line of Glaucoma Treatment
GG. 1. Cataract Surgery Update
     2. Retina – The Fifth Dimension
     3. Retina – Ultra Widefield Imaging
HH. Diabetic Retinopathy
II.   1. Small Incision Lenticle Extraction (SMILE) A Different Class of Corneal
     Refractive Surgery 2. Small Incision Lenticle Extraction (SMILE) A Different
     Class of Corneal Refractive Surgery Webinar
     3. The PanOptix IOL – Trifocal IOL Technology
     4. Visian ICL and Visian Toric ICL Clinical Update
     5. Visian ICL and Visian Toric ICL Clinical Update Webinar
JJ.   1. Balance and Falls: The Role of Vision
     2. Cardiovasular Disease and the Eye
     3. Management of Patients with Visual Impairment
KK. 1. The Surgical Day: Live Refractive Surgery Demonstration & Techniques
     2. The Surgical Day: Live Cataract and Implant Live Surgery
LL. 1. Viral Eye Disease
     2. Optic Nerve Disorders
     3. Oculoplastic and Facial Cosmetic Surgery MM. California AB 1825 / SB
     1343 Supervisor

Debra McIntyre moved to approve courses 5.A through 5.LL.3 in their entirety as noted. Martha Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Chawla	X				
Garcia	X				
McIntyre	X				

There was no public comment.

6. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536 *(KAISER PERMANENTE APPLICATIONS)***

Audio of Discussion: 06:33 / 38:55

       A. 1. Papilledema 2nd to P.P.C.
            2. Herpetic Eye Diseases

There was no public comment.

Debra McIntyre moved to approve courses 6.A.1 and 6.A.2. Martha Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Chawla	X				
Garcia	X				
McIntyre	X				

7. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations § 1536 *(INCOMPLETE APPLICATIONS)***

Audio of Discussion: 07:37 / 38:55

     A. 1. Refractive Surgery Update
          2. Latest and Greatest on Adjunctive Cataract Surgery Services
          3. An Update in Intacs
          4. Visual Field Interpretation and Review of Micro Glaucoma Surgical Treatment
     B. 1. Glaucoma Update 2019
          2. UGH Syndrome
          3. Red Eye, Bumps, and Unknown Diagnosing & Treatment
          4. Neurotropic Keratitis
          5. Glaucoma or Glaucoma Suspect?
     C. 1. All Things Cataract
          2. All Things Refractive

Dr. McIntyre questioned why the providers of courses 7.C.1. and 7.C.2. are requesting

three hours of continuing education, while the courses are only two hours in length. Ms. Garcia requested more information regarding the three providers with disciplinary history as noted on the cover of courses 7.C.1. and 7.C.2. No action was taken on this item.

There was no public comment.

8. **Discussion and Possible Action on Title 16, California Code of Regulations §1536-Continuing Optometric Education; Purpose and Requirements (concurrent review with Legislative and Regulatory Committee)**

Audio of Discussion: 12:33 / 38.55

Licensing Lead Arsha Qasmi provided an overview of this agenda item. She stated that the goal of these changes is to strengthen existing renewal requirements for licensees, improve processes for CE providers, further define what internet/self-study courses are and require which courses cannot be taken online and must be completed in person.

Ms. Qasmi provided the history behind the changes. She explained that at the August 8, 2018 Board meeting, the Board directed staff to draft regulatory language which would change the number of continuing education hours completed via self-study from 20 to 25 hours. Due to the change in staff and Board management, this change has not yet been implemented. Subsequently, at the March 8, 2019 PEC meeting, the PEC received updates on the progress of the regulations and added direction to staff to research possible definitions for live versus self/study internet courses.

Ms. Qasmi presented an overview of the proposed changes to CCR §1536:

Subsection (c): As approved by the Board at the August 8, 2018 meeting, this proposed change would allow up to 25 hours, instead of 20, of self-study to be accomplished via alternative methods. This change provides more flexibility to the licensee to complete their required CEUs. Staff requests discussion if this change should be pursued separately as a rulemaking package, as proposed by Dr. Kawaguchi, or if it should be completed with the other changes proposed below as a combined rulemaking package. Mr. Johnson recommended presenting these changes as a combined package because in his experience, the timeframe is the same whether small changes or larger changes are submitted.

Dr. Chawla noted that it would be more useful for those taking the continuing education (CE) to have the guidelines completely set out for them. It is her concern that the licensees are provided clear direction to ensure they are obtaining their CE credits correctly. Dr. McIntyre expressed a concern about the possibility of bundling a package of changes that may include a change the Committee/Board is not necessarily in support of. Ms. Murphy provided assurance that all the changes in the bundle are changes the Board has approved; one of them was stopped because previous staff did not provide the records of the Board's approval.

Legal Counsel Sabina Knight noted that it is more important today for the Committee to look at the language and make recommendations to the full Board. Decisions on strategy can be made later, and Mr. Johnson commented that the entire process tends to take approximately 12 months. Ms. Qasmi continued to present each of the proposed changes to the subsections:

Subsection (c)(1): For the purposes of this subsection, "self-study" means "orderly learning" that does not offer participatory interaction between the licensee and instructor during the instructional period. This may be accomplished via audio or video prerecorded, CD ROM, digital video disks, books or material as a part of an independent or home-study program, programs or applications on a computer or tablet or cellular phone specifically designed for this purpose.

Subsection (c)(7): Staff proposes raising the amount of CE that can be obtained by participating in a Board workshop as a Subject Matter Expert (SME) from 8 to 12 hours. A total of 12 hours would not overlap with the 35 hours required for the diagnosis, treatment, and management of ocular disease.

Subsection (f): Makes consistent with the Board's new internal policy for assigning provider numbers and requires providers include that on certificates.

Subsection (g)(4): Staff proposes text which further specifies the records a provider must keep. It requires providers to keep records on file for four years instead of three.

Subsection (h)(9): Proposes the addition of text requiring the Board's course approval number, which will assist licensees and staff to track courses consistent with the Board's CE course list. Ms. Garcia asked if the tracking will be automated or a manual system; Ms. Qasmi responded that a viable option for automation has not yet been made available for staff.

Subsection (k): Staff recommends addition of text requiring licensees to keep their course completion certificates on file for four years for auditing and enforcement purposes.

Subsection (m): Proposes a new subsection (m) which would prohibit a licensee from repeating courses during a two-year renewal period.

Subsection (n): Staff proposes a new subsection (n), which is based on a Dental Board regulation. It would require that any hours obtained outside of the 25 hours of the alternative methods as defined in subsection (c) must be live, in person and interactive, and would further define what such a course is and how it is taught via participatory interaction.

There was no public comment.

Debra McIntyre moved to take the proposed language to the full Board. Martha

Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Chawla	X				
Garcia	X				
McIntyre	X				

9.   Future Agenda Items

Audio of Discussion: 33:36 / 38:55

Ms. Garcia inquired about a possible survey posted online for suggested topics of instruction. Dr. Chawla responded that most established providers perform their research already.

Ms. Garcia asked if the CE tracking can be made automated; Ms. Murphy replied that various options have been considered and explored; staff had discovered that it is not cost-effective to adapt our process to any of these software packages.

Dr. Chawla inquired about a topic (Myopia Control) that UC Berkeley keeps asking about. Ms. Murphy explained that having this conversation has not worked (within the schedules of the researchers and academics) for them to come talk with us. Staff is continuing to try figure out a way to make conversation occur. A special meeting will need to be held at a time when they are not in clinic and they would be available to discuss their programs and what they are presenting to the Board.

There was no public comment.

10.   Adjournment

Meeting adjourned.

California State Board of Optometry

Amend Section 1536 of Article 6.5 of Division 15 of Title 16 of the California Code of Regulations as follows:

New text is <u>underlined,</u> existing text which is removed is ~~strikethrough.~~ Text proposed for PEC discussion is <mark>highlighted in yellow.</mark>

§1536. Continuing Optometric Education; Purpose and Requirements.
(a) Except as otherwise provided in Section 1536(b), each licensee shall complete 40 hours of formal continuing optometric education course work within the two years immediately preceding the license expiration date. Such course work shall be subject to Board approval. Up to eight hours of course work may be in the area of patient care management or ethics in the practice of optometry. Business management courses are not accepted by the Board.

(b) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Business and Professions Code Section 3041.3 shall complete a total of 50 hours of continuing optometric education every two years in order to renew his or her license. Thirty-five of the required 50 hours of continuing optometric education shall be on the diagnosis, treatment and management of ocular disease and consistent with Business and Professions Code section 3059, subdivision (e).

(c) Up to ~~20~~ <u>25</u> hours of required biennial course work may be accomplished by using any or all of the following alternative methods:
(1) <u>Documented and accredited self study through correspondence or an electronic medium. Any course which is offered pursuant to this section must include a test component to determine the licensee's understanding and knowledge of the course. For the purposes of this section, "self study" means a form of learning that does not offer participatory interaction between the licensee and the instructor during the instructional period. This may be accomplished via the following methods:</u>

> <u>(A) Audio or video pre-recorded teleconferences, webinars, seminars, podcasts, broadcasts or lectures via the internet.</u>
> <u>(B) CD-ROMs played on a computer.</u>
> <u>(C) Digital video discs.</u>
> <u>(D) Books or materials as part of an independent or home study program.</u>
> <u>(E) Programs or applications on a data-enabled device, such as a computer, tablet, or cellular phone specifically designed for this purpose.</u>
> <mark><u>(F) Any other technology the Board chooses to adopt as adequate to accomplish this purpose.</u></mark>

(2) Teaching of continuing optometric education courses if attendance at such course would also qualify for such credit, providing none are duplicate courses within the two-year period.
(3) Writing articles that have been published in optometric journals, magazines or newspapers, pertaining to the practice of optometry (or in other scientific, learned,

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Commented [JM1]: For further discussion: should a test be required for any self-study course submitted for CE credit?

Commented [JM2]: New subsection (f): suggested addition by President Morodomi to allow the emergence of newer technologies.

refereed journals on topics pertinent to optometry), providing no articles are duplicates. One hour of credit will be granted for each full page of printing or the equivalent thereof.

(4) A full day's in person attendance at a California State Board of Optometry Board meeting as verified by the Board. Every two hours of open session equates to one hour of credit, up to a maximum of four credit hours.

(5) Completion of a course to receive certification in cardiopulmonary resuscitation (CPR) from the American Red Cross, the American Heart Association, or other association approved by the Board. Up to four credit hours shall be granted for this course.

(6) Any continuing education course approved for category 1 of the American Medical Association or category 1A of the American Osteopathic Association Continued Medical Education credits that contributes to the advancement of professional skill and knowledge in the practice of optometry.

(7) Participation as a subject matter expert in the creation of the Board's California Laws and Regulation Examination. Subject matter experts will receive one hour of continuing education credit for each hour attending a Board sponsored workshop, not to exceed ~~eight~~ twelve credits per renewal cycle.

(d)(1) A credit hour is defined as one classroom hour, usually a 50-minute period, but no less than that.

(2) All remaining hours shall be obtained through live and interactive course study. For

Commented [JM3]: For Board discussion: does this subsection need to discern between pre-recorded instruction with chat-room enabled Q&A, or live instruction with live Q&A throughout?

(A) In-person lectures, in-person workshops, in-person demonstrations, or in-person classroom studies which allow participatory interaction between the licensee and the instructor during the instructional period; or

(B) Lectures, webinars, workshops or audio or video conferences delivered via the internet or computer networks which allow participatory interaction between the licensee and the instructor during the instructional period. Any course which is offered pursuant to section (d)(2)(B) which is not live or is prerecorded shall not qualify under this section.

(e) Continuing optometric education programs which are approved as meeting the required standards of the Board include the following:

(1) Continuing optometric education courses officially sponsored or recognized by any Western Association of Schools and Colleges accredited school or college of optometry.

(2) Continuing optometric education courses provided by any national or state affiliate of the American Optometric Association, the American Academy of Optometry, or the Optometric Extension Program.

(3) Continuing optometric education ~~courses~~ activities approved by the Association of Regulatory Boards of Optometry committee known as COPE (Council on Optometric Practitioner Education).

Commented [JM4]: Ensures that the licensee has taken an approved course by an approved instructor in a manner approved by COPE.

(f) Other continuing optometric education courses approved by the Board as meeting the criteria set forth in paragraph (g) below, after submission of the Continuing Education Course Approval Application (Form CE-01, Rev. ~~5/16~~ 5/20), hereby incorporated by reference, course schedule, topical outline of subject matter, and

curriculum vitae of all instructors or lecturers involved, to the Board not less than 45 90 days prior to the date of the program. The Board may, upon application of any licensee and for good cause shown, waive the requirement for submission of advance information and request for prior approval. Nothing herein shall permit the Board to approve a continuing optometric education course which has not complied with the criteria set forth in paragraph (g) below.

(1) Course approvals shall be valid for two years from the date as approved by the Board. Each individual course shall be assigned a course approval number by the Board. This approval number is required to be listed on the completion certificate.

(2) The approved provider shall not use the Board's letterhead, seal, or logo on any course certificates, advertising, or solicitation.

(g) The criteria for judging and approving continuing education courses by the Board for continuing optometric education credit will be determined on the following basis:

(1) Whether the program is likely to contribute to the advancement of professional skills and knowledge in the practice of optometry.

(2) Whether the instructors, lecturers, and others participating in the presentation are recognized by the Board as being qualified in their field.

(3) Whether the proposed course is open to all optometrists licensed in this State.

(4) Whether the provider of any mandatory continuing optometric education course agrees to maintain and furnish to the Board and/or attending licensee such records of course content, dates and places of the course, course completion certificates, and attendance as the Board requires, for a period of at least three four years from the date of course presentation.

(h) Proof of continuing optometric education course attendance shall be provided in a form and manner specified in writing by the Board and distributed to all licensed optometrists in this State. Certification of continuing optometric education course attendance shall be submitted by the licensee to the Board upon request, and shall contain the following minimal information:

(1) Name of the sponsoring organization.

(2) Name, signature, practice address, and license number of the attending licensee.

(3) Subject or title of the course.

(4) Number of continuing optometric education hours provided for attending the course.

(5) Date the course was provided.

(6) Location where the course was provided.

(7) Name(s) and signature(s) of the course instructor(s).

(8) Such other evidence of course content or attendance as the Board may deem necessary.

(9) Course approval number as assigned by the Board, if applicable.

(10) Whether the course was pre-recorded or live.

Use of a A certificate of course completion provided by the Board is recommended required for any continuing optometric education course approved by the Board pursuant to the above. Such forms will be furnished by the Board upon request.

The Board will also recognize and utilize the Association of Regulatory Boards in Optometry's online Optometric Education (OE) Tracker system as proof of continuing education course attendance.

(i) The following licensees shall be exempt from the requirements of this section:
(1) Any licensee serving in the regular armed forces of the United States during any part of the two years immediately preceding the license expiration date.
(2) Any licensee who is renewing an active license for the first time, if he or she graduated from an accredited school or college of optometry less than one year from the date of initial licensure.
(3) Those licensees as the Board, in its discretion, determines were unable to complete sufficient hours of continuing optometric education courses due to illness, incapacity, or other unavoidable circumstances. An extension may be granted if the Board, in its discretion, determines that good cause exists for the licensee's failure to complete the requisite hours of continuing optometric education.

(j) The Board, in its discretion, may exempt from the continuing optometric education requirements of this section licensees who for health reasons or other good cause cannot meet these requirements. Licensees requesting an exemption shall complete a Continuing Education Exemption Request (Form CE-E, Rev 2/2016) and submit it, along with all required supporting information, to the Board for its consideration at least thirty (30) days prior to the expiration of the license.
(1) The Board may deny a request for exemption but at its discretion may grant the licensee an extension of up to one year to obtain the necessary continuing optometric education.
(2) A licensee whose requests for an exemption is denied and an extension is not granted shall otherwise comply with the provision of this section.

(k) The Board may conduct an audit of any licensee's attendance of a continuing optometric education course as a means of verifying compliance with this section. A licensee shall maintain all course completion certificates or applicable records on file which are used for renewal purposes for a period of four (4) years from the license renewal date and shall provide these records to the Board upon request or in the event of an audit.

(l) Licensees that are glaucoma certified pursuant to BPC section 1571 shall be required to complete 10 hours of glaucoma specific optometric continuing education every license renewal period. These 10 hours shall be part of the required 35 hours on the diagnosis, treatment and management of ocular disease.

(m) A licensee may not repeat for credit the same course more than once within the two-year renewal timeframe.

CONTINUING EDUCATION COURSE APPROVAL APPLICATION

$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) §1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in 16 CCR section1536(g). Course approvals shall be valid for two years from the date approved by the Board.

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 by no later than 90 days prior to the course presentation date. **Please type or print clearly**.

Course Title	Course ~~Presentation~~ Date	Course Hours
_____	_____	_____

Course Provider Contact Information

Provider Name		
_____	_____	_____
First	**Last**	**Middle**

Provider Mailing Address

Street_____ City_____ State____Zip _____ Phone _____

Provider Email Address_____

Will the proposed course be open to all California licensed optometrists?	☐YES ☐NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content, dates and places of the course, course completion certificates and attendance as the Board requires, for a period of at least ~~three~~ four years from the date of course presentation?	☐YES ☐NO
Pursuant to CCR §1536 (c)(1), will the course be self study?	☐YES ☐NO
If self study, will a test component be required to determine the licensee's understanding and knowledge of the course?	☐YES ☐NO
If a live course, how will the Provider track individual attendance and participation? Pursuant to 16 CCR §1536(d)(2) these courses must allow for participatory interaction between the licensees and the instructor.	Please describe in supplemental attachment.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA STATE BOARD OF OPTOMETRY
2450 Del Paso Road, Suite 105, Sacramento, CA 95834
P (916) 575-7170 | Toll-Free (866) 585-2666 | www.optometry.ca.gov

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name		
_____	_____	_____
First	**Last**	**Middle**
License Number _____	**License Type** _____	
Phone Number ( ) _____	**Email Address** _____	

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and any accompanying attachments submitted is true and correct.

_____   _____

Signature of Course Provider   *Date*

Goal 1: Licensing
The Board provides applicants and licensees a method for obtaining and maintaining license registration, business licenses, and certifications required to practice optometry in California.

Objective 1.1: Streamline the initial license and renewal process, including paperless options and synchronizing multiple license renewal dates, to improve staff efficiency and licensee compliance.	
• Conducts monthly meetings discussing timelines and identifying bottlenecks to better streamline the processes. • Identified and raised necessary BreEZe SIRs to improve processes, including independent transaction not requiring staff interaction and board approval (e.g., Statement of Licensure Applications). • Created SIR to generate paperless initial and synchronize certificates. • Conducted outreach informing licensees of the paperless direction of the Board.	**Status:** COMPLETED SCD[1]: Jan. 2019
Objective 1.3: Continue monitoring and exploring opportunities to enhance BreEZe utilization (e.g. 100% continuing education compliance, usage of national database, etc.) to increase staff productivity and promote licensee compliance with continuing education requirements.	
• Researching BreEZe SIRs to remove the automated printing/mailing of certificates. Instead, staff working with the BreEZe team to show pdf documents on licensees' dashboards after initial/renewal/address change etc. applications are processed. • BOARD DISCUSSION: Staff recommends removing the automated remittance coupon on the bottom of renewal notices. Instead, renewal notices would direct licensees to BreEZe. • Staff has implemented new procedure at the closing of each licensing file to upload PDF certs.	**Status:** COMPLETED SCD: Dec. 2017

Goal 2: Examination
The Board works to provide a fair, valid and legally defensible licensing exam (California Law and Regulation Examination) and exam process to ensure that only qualified and competent individuals are licensed to provide optometric services in California.

Objective 2.1: Recruit more subject matter experts to create examination questions in order to strengthen the diversity of the test.	
• Increased utilization of email, social media and newsletters. • Worked with DCA to design enticing flyer highlighting free CE opportunities. • Partnered with California Optometric Association (COA). • Provided recruitment flyers to continuing education events and other COA events. • Significantly increased SME pool.	**Status:** COMPLETED AND ONGOING SCD: Dec. 2017
Objective 2.2: Analyze the examination requirements to evaluate for competency and the validity of the examination.	
• Collaborated with the Office of Professional Examination Services (OPES) to conduct an occupational analysis and a linkage study. • OA/Linkage Study in Progress; OPES will present to the Board upon completion.	**Status:** COMPLETED SCD: Feb. 2019

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[1]SCD: Scheduled Completion Date

Goal 3: Law and Regulation	
The Board works to establish and maintain fair and just laws and regulations that provide for the protection of consumer health and safety and reflect current and emerging, efficient and cost-effective practices.	
Objective 3.5: Review current methods and explore new opportunities to increase access to care (e.g. scope of practice, mobile clinics, new technology, tele-medicine).	
• Established mobile clinic workgroup to develop legislation increasing access to quality optometric care to homebound patients in 2017. • Board and staff worked with stakeholders and the Legislature on AB 458, signed into law in 2019, which allows optometrists to perform examinations and treatment for homebound patients • Board and staff discussed telemedicine at the October 2019 and May 2020 public meetings and formed telemedicine workgroup.	Status: COMPLETED AND ONGOING SCD: Dec. 2020
Objective 3.6: Review and identify existing practice requirements with regards to unnecessary licensing barriers in an effort to reduce barriers to entry, enhance consumer access to care, and maintain consumer protection.	
• Reviewed the Little Hoover Report • Researched all relevant practice requirements and identify possible licensing barriers and worked with legislature to remove barriers in AB 1708. • Sponsored SB 1386 to repeal BPC § 3077 – an unnecessary license barrier that was created for the profession and for "the avoidance of the evils of competition."	Status: COMPLETED SCD: JAN. 2019
Objective 3.7: Explore the feasibility of proposing legislation to synchronize the expiration dates of all license types for a given individual.	Status: NOT STARTED SCD: Mar. 2020
Objective 3.8: Explore the feasibility of proposing legislation to merge the RDO and Optometry funds to stabilize the long-term Optometry fund condition.	Status: COMPLETED AND ONGOING SCD: Sept. 2019
• Bill introduced as Assembly Bill 896 and is currently pending approval in the Senate.	

Goal 6: Organizational Effectiveness	
The Board works to develop and maintain an efficient and effective team of professional and public leaders and staff with sufficient resources to improve the Board's provision of programs and services.	
Objective 6.3: Provide teambuilding training or exercises to Board members to improve Board functioning.	**Status:** COMPLETED AND ONGOING SCD: Mar. 2018
• Rather than specific teambuilding training or exercises, Board members opted for lunches and dinners during various meetings.	
Objective 6.4: Provide teambuilding exercises between Board members and staff to improve relationships.	**Status:** COMPLETED AND ONGOING SCD: Jun. 2018
• Rather than specific teambuilding training or exercises, Board members opted for coffee breaks, lunches and dinners during various meetings.	
Objective 6.5: Improve communication and build relationships between the Governor's office, legislators, and the Board to effectively achieve the Board's objectives.	**Status:** COMPLETED SCD: Sep. 2019
• Board staff held various meetings with legislatures regarding Board sponsored legislation and legislative proposals for omnibus bill consideration. • Children's Vision Workgroup participated in various meetings with author's office.	

Board of Optometry Draft Strategic Plan Schedule

Planned Tasks		Tentative Date
Preliminary Meeting/Overview	SOLID works with Optometry Board to gather information about the organization and discuss the strategic planning process.	**Mid May 2020**
Provide Environmental Scan Survey Draft	SOLID will provide a draft of the environmental scan survey to be sent out to stakeholders.	**Mid to late May 2020**
Board Member Invitation for Interviews	SOLID will send Optometry Board a draft of the email invitation to be sent to Board members in preparation for the individual phone interviews.	**Late May 2020**
Determine stakeholders	Optometry Board to determine external stakeholders and obtain stakeholder email addresses for email distribution of survey. *Recipient count provided to SOLID.*	**Late May 2020**
Survey Stakeholders and Board Staff	Optometry Board will send the environmental scan survey to external stakeholders and staff.	**Early June 2020**
Board Member Phone Interviews	SOLID will schedule individual phone interviews with Board members. These interviews last up to 45 minutes and will cover the climate of the industry as well as their views on the Board's strategic focus for the upcoming plan.	**Early June 2020**
Employee & Management Focus Groups	SOLID will conduct separate (one for employees, one for management) focus group workshops to gather staff's thoughts on the Board's strengths and weaknesses, as well as review (and updated, if needed) mission, vision, and values.	**Mid-June 2020**
Compiled Results to EO for Review	Upon completion of interviews and surveys, SOLID will compile and analyze the data and produce a trends document to use with our presentation materials. This material will be sent to you for review and approval. The final environmental scan document will be discussed during the Strategic Planning Session.	**June/July 2020**
Pre-Session Meeting with EO	This meeting, usually held 1 to 2 weeks before the planning session, is designed for the facilitator and Executive Officer to discuss the game plan and materials for the planning session.	**Late July/Early August 2020**
Strategic Planning Session	SOLID will facilitate the strategic plan development session with the Board. Through discussion, our purpose is to highlight recent accomplishments of the Board, review trends identified from the surveys, interviews, focus groups, and establish a Vision, Mission, Values, Goals, and Objectives for the new plan.	**August 13 or 14, 2020**
Update Strategic Plan	SOLID will use the information gathered at the planning session to create the Board's strategic plan. A comprehensive draft will be sent to you for review by the target due date.	**1 to 2 weeks after planning session**
Board Approves Strategic Plan	Strategic plan is approved by the Board and posted on website.	**Next Board meeting after strategic planning session**
Action Planning Session	After the Board approves the strategic plan, SOLID will facilitate a meeting with Board staff to create an action plan to guide completion of strategic objectives by establishing due dates, identifying major tasks, and assigning responsible parties.	**TBD**

CALIFORNIA BOARD OF OPTOMETRY
STRATEGIC PLAN
DEVELOPMENT ROADMAP

Preliminary Meeting & Set up

- Preliminary meeting with client
- Introduce facilitators
- Set schedule and decide dates
- Decide roles
- Define process
- Create customized development plan for client

SWOT, Environmental Analysis Scan

- Conduct Focus Group
- Survey stakeholders
- Conduct Board member interviews
- Interview Executive Officer
- Compile and format data
- Analyze data
- Review findings with client

Board Meeting Planning Session

- Create Facilitation plan
- Conduct Planning Session
- Review Accomplishments
- Discover Vision
- Determine Mission
- Develop Values
- Review Environmental Scan Results
- Establish Goals and Objectives

Create & Finalize Plan

- Solid drafts plan
- Review plan with client and make adjustments
- Board approves and adopts plan at future Board meeting
- Post plan to Web site

Action Planning

- Prioritize objectives
- Establish timeframes
- Determine metrics
- Assign responsibilities
- Draft action plan
- Review plan with client and make adjustments

Facilitator Biographies

Dennis Zanchi joined the SOLID team in 2013. Dennis has conducted focus groups for the Department of Justice as well as DCA boards and bureaus. Dennis has worked on strategic plans for the Bureau of Real Estate, Psychology, Optometry and 20+ DCA boards and bureaus. Prior to DCA, Dennis worked with colleges nationwide facilitating interactive sessions on a variety of education-related topics, including sessions designed to draw out opinions, build consensus, and guide groups to discover new solutions. He helped college administrators build a better framework for understanding student loan default prevention, financial literacy, and student retention. He also develops evaluation measurement methods to quantify the success of various initiatives. Prior to working with colleges, Dennis worked with credit unions nationwide to develop consumer research and marketing plans. He is a graduate of CSU, Sacramento.

Elizabeth Coronel joined the SOLID team in 2016. She facilitates strategic planning, mission, vision and values workshops, employee satisfaction surveys and focus groups, stakeholder meetings, and trainings. In 2019 she graduated from the DCA's Future Leadership Development program and began implementing the project proposal she co-developed, the DCA Expert Witness Program. Elizabeth joined the DCA in 2014 as an Enforcement Analyst investigating complaints at the Veterinary Medical Board. She created the Board's expert witness manual and developed and facilitated the expert witness training. Elizabeth graduated from California State University Sacramento with a bachelor's degree in Business Administration with concentrations in Entrepreneurship, General Management, and Marketing. She helped local organizations with the development of strategic, marketing, and public relations plans.

Trisha St.Clair joined the SOLID team in 2016 as a Change Management Specialist with OCM, working with over eleven Boards/Bureaus to determine their change readiness and facilitate business process mapping workshops to streamline their business processes and determine their business requirements. In 2018, she became a Strategic Planner with SOLID. Prior to DCA, Trisha worked as a Forms Analyst for the Board of Equalization, facilitating meetings with key stakeholders to identify areas for improvement and formulate solutions for new and revised tax forms, as well as independently researching and analyzing tax form data to develop professional quality tax forms. Before coming to the state, she worked for 10 years in the technology industry as an Account Manager and Technical Support Representative. She graduated with a bachelor's degree in Fine Art with a minor in English Literature from the University of Redlands in Redlands, CA.

Suzanne Mayes is a strategic and systems thinker who leverages user centered design principles to cultivate empathy and create programs and processes that increase the effectiveness of organizations and their people. Suzanne has demonstrated expertise in strategic planning, meeting design and facilitation, managing organizational change, and stakeholder engagement. During her two decades in the nonprofit sector, Suzanne led large scale, cross-sector initiatives focused on aligning regional economic and workforce development initiatives, increasing access to high quality K-12 education, and expanding the region's philanthropic network. She is a skillful project manager with the proven ability to develop project timelines, enlist and engage key stakeholders, and coordinate numerous moving pieces to deliver high quality results. Suzanne holds a BA in Child Development from Humboldt State University and a Master's in Organizational Learning and Effectiveness from University of the Pacific. She is a Sacramento native and a proud Oak Park resident.

Sarah Irani joined DCA in March 2018 with the Organizational Improvement Office where she helped Boards and Bureaus with the Business Modernization effort. She used her expertise in business process documentation to analyze the programs' business processes and look for efficiencies both in and out of a new IT system. Prior to her career with the state, Sarah was a Lead Business Analyst in the technology industry where she led a team in report creation, documentation, and identification of deficiencies in the companies' business processes. Her analytical skills have allowed her to manage marketing projects around the globe. In addition, Sarah has experience training staff, event/meeting facilitation, strategic planning, organizational development, and an extensive knowledge of Excel. Currently with SOLID, she is a Strategic Planner, utilizing her previous experience to conduct Strategic Planning Sessions and facilitate Organizational Improvement meetings. Outside of work, Sarah loves to play tabletop strategy games, read Shakespeare, and listen to podcasts about theme parks and medical history.

May 15, 2020 Board Discussion on Telemedicine
Transcript only

Audio of Discussion: 23:39 / 2:34:13

Mr. Johnson opened the discussion. He provided a brief history on the telemedicine issue. Telemedicine was on the Board's radar in 2016; it was raised by the Legislature (identified in the 2016 Sunset – the need to evaluate emergency emerging technologies in telehealth). In 2019 staff met with Assembly Member Evan Low and others. The Board began to monitor the issue at that time. At the August 2nd Board Meeting last fall Members and staff had a very good and thorough presentation from Drs. Melissa Bailey and Jorge Quadros. A workgroup was created with Drs. Chawla and McIntyre to begin research. In the last few months, on several occasions, staff has spoken with Drs. Chawla and McIntyre individually. Additionally, the workgroup and staff had a teleconference meeting on Tuesday May 5th to discuss some of the emerging staff research. He directed the Members attention to a summary of the issues that Drs. Chawla and McIntyre considered important to move forward; (1) both identified the need to focus on overall eye health as part of telehealth care; they consider refraction to be a small part of a comprehensive eye exam; (2) many patients do not understand the full scope of practice for optometrists and may discount the need for an eye health assessment; (3) the existing technology to perform telemedicine may not be robust enough; (4) the need for guidelines for the use of telemedicine under the current Practice Act. Mr. Johnson asked Dr. Chawla and McIntyre to elaborate on these issues.

Dr. McIntyre explained that they determined that telemedicine (in its current incarnation) does not adequately provide care that is considered the standard of care for optometry. With telehealth, optometrists cannot perform a comprehensive exam or evaluate ocular health. They cannot perform a standardized refractive exam for determining the spectacle or contact lens prescriptions. When procedures are performed in an office, doctors have specific instrumentation that meets a certain standard (a controlled environment to obtain those measurements). There is no way of controlling that environment when performing exams online or via audio. Additionally, an optometrist cannot see the internal health of the eye. Dr. McIntyre pointed out that they see how telemedicine can fit in as more of a consultative aspect, wherein the patients are established, and their history is known. The patient is not being met for the first time. Telehealth is only useable in a consultative mode and not for complete ocular health exams nor for refractive exams.

Dr. Chawla stated that whenever Members discuss telemedicine, they get wrapped up in discussion about refraction because that is the technology that people keep bringing to them. She noted that most people she knows do not think this technology is ready yet for a proper exam. When it is the Board can figure out what to do with it. The type of telemedicine that is being done in Dr. Chawla's office are issues like itchy, burning, watery eyes that can be addressed quickly over the phone; very simple procedures that are not a threat to vision. Another type is a consultative piece where a technician gathers information from the optometrist; the optometrist evaluates the data; then the

patient is called. This limits the amount of time the patient will have to spend in the office; however it is done safely with the knowledge that only a certain part of the eye is looked at, and the decision is then made as to whether the patient will need to return or not. The overarching concern from her perspective is that the patients understand what they are receiving, that refractions do not represent a complete eye exam; they need to understand that they may still need to come into the office. Dr. Chawla noted that Mr. Morodomi asked what next steps should be looked at. For her it would be to look at what the Board can do to advise the public on the consultative piece. What can be done over the phone, so they do not have to come in and can maintain social distancing. It is a two-piece discussion; (1) with COVID, what is essential; (2) moving forward, how can the consultative part be moved into a broader scope for expanding access so people do not have to come into the office every time. She believes the Board can be impactful by providing guidelines.

Mr. Morodomi asked if there are any rules, regulations, or laws that are currently in place that prevent the type of consultations Dr. Chawla provides. Ms. Murphy interjected explaining that the Board's current Practice Act refers to the Medical Practice Act, and its permission states that telemedicine cannot occur unless the patient signs a waiver. The Governor's Executive Order (early on) was to waive that necessity for consent so that doctors could contact patients to continue continuity of care. Otherwise, there is no law or regulation that would prevent a consultative means of care. It is simply the patient's consent that has been waived with the Governor's order as a response to COVID.

Dr. Turetsky responded describing a modified way of performing a comprehensive eye exam with telemedicine. He explained that his friend who investigates ocular devices and he works with ophthalmologists throughout the world. Some physicians have partially reopened in other parts of the country and they do not want to have direct contact with patients because of comorbidities which make them more prone to COVID-19. Therefore, they are having assistants do everything for that patient while they are observing through a video (Slit-Lamp, VIO etc.). This is a modified method of telemedicine where you do have the physician involved, but not in the location. He noted that California laws are not set up to allow optometrists to do this, but he believes it is something to consider, Additionally, he advised that the Board has a home healthcare bill that has already passed and we are waiting on regulations. If the Board can somehow move that along, it would be a great means of making care more accessible to people.

Dr. Kawaguchi proposed that the Board view telemedicine as a project. And when anyone engages in project planning there are several steps that one goes through to ensure nothing is missed. Short-term and longer-term goals are set. Additionally, from a legislative or regulatory standpoint, this may be a multi-step process. For the Board to think we will tackle this all-at-once is probably naive. He advised performing as much research as possible to understand what current laws exist; also, what current practices exist within California. Once Members believe they have exhausted the research they would like to know, the Board may move on to analyzing that information. The

workgroup would be asked to come back with a proposed interpretation or next step. He noted that the largest aspect of handling this project is to see as much as we can. Before the Board begins solving issues and forming opinions, understanding is needed about what the Board is facing with regards to California laws and practice.

Dr. Wang asked Dr. Kawaguchi want he is doing in his practice? Dr. Kawaguchi replied that normally he provides mostly in-person comprehensive care. COVID-19 has changed things and he is currently providing care to established patients via telephone conversations and conversations held by his staff.

Dr. Wang agreed with Dr. Kawaguchi. She stated that telemedicine is developing; with COVID-19 things have changed considerably. Where patients before may not have been as accepting of telemedicine, many patients have adapted to it very quickly. At Berkeley, she explained, telemedicine is being used more from a consultative approach as previously discussed. They use it to triage patients with red eye or similar issues. With regards to refractions she does not believe telemedicine technology is quite there yet; however, when it is, the Board needs to investigate and then give its opinion. Telemedicine has grown significantly in the last two months.

Ms. Garcia expressed her excitement about this topic. She did some brief research about her concerns because opticians are becoming involved as well. She explained that opticians are look at privacy, documentation, and obtaining consent from patients. She believes the Board needs to perform more research (and specifically about the units that are being used), how it will be tracked, stored for the future, and documented. Additionally, Ms. Garcia is concerned about training. Opticians in California are not required to go through school; it is an individual choice. Therefore, the question needs to be addressed about where the training is coming from. How can opticians get closer in alignment to what optometrists expect from them? She found that in Kentucky they have some online tests, but consumers must be at least 18 years of age to use the technology. It must be approved by a licensed optometrist in Kentucky. Additionally, it does not permit patients to use any online exam for initial contact lens prescriptions or for the renewal of contact lens prescriptions. Ms. Garcia thinks there just needs to be more research.

Ms. Salazar Sperber agrees with Ms. Garcia's comments and emphasized that telehealth is being used statewide in the medical profession. With regards to the shortage of behavioral health professionals the medical community are working together to find methods for helping mild-to-moderate kids with behavioral health issues. She asserted that if other medical communities are finding a way to use telehealth, this Board should look at it very seriously. It should be looked at prudently but also quickly. She argued that telehealth is important, relevant, and not going away. Additionally, she emphasized that training is extremely important and will probably be front loaded with heavy training in the beginning.

Ms. Michelin wholeheartedly agrees with Ms. Salazar Sperber's comments and the Board needs to find a way to adapt.

Ms. Brandvein commented that the use of telehealth is increasing. As we bridge care over extended periods it is the Board's responsibility to help address needs during the bridge period; also ensuring that those who need care can get it during a time when not everyone feels comfortable going inside an office. She noted that telemedicine is growing and is here to stay. It has evolved rapidly over the last few months. She questioned how does the Board move forward, with the right training, without making it the primary vehicle for diagnosing eye health? Ms. Brandvein is wrestling with extended periods, accessibility, training, and where the profession is going overall. Additionally, she agrees with Dr. Turetsky that we cannot assume that people will allow us into their homes for a comprehensive eye exam.

Dr. McIntyre clarified that if a patient has a vision issue, it matters why. Did they suddenly lose their vision? Or did they just lose their glasses? The Board's regulations already make a provision where if someone has an expired spectacle prescription, they can in an emergency get that prescription filled with the understanding that they will seek a full exam at the earliest opportunity. She believes the Board needs to define what telemedicine means to us. For example, telehealth and telemedicine are being used interchangeably but they are not the same thing. There are different forms to telemedicine (remote, synchronous, and asynchronous); all of which has not been defined for our Board yet. Therefore, definitions are the first thing the Board needs to do.

Mr. Morodomi questions (from a lawyer's perspective) whether the Board, as a regulatory agency, is getting in the way; or if telemedicine is something the Board wishes to support? Or is this something the Board must regulate due to consumer protection issues.

Dr. Chawla acknowledged that the Board must do all these things; and she believes there is an avenue for both not getting in the way and providing consumer protection. With regards to Dr. Kawaguchi's comment, the Board can collect more information.

Public comment was heard from Dr. Chad Overman. He stated he has been a consultant for the last five years and has worked a lot with telemedicine. Much like technology for CE there is technology out there for comprehensive eye exams now. It is a method for providing quality, affordable, accessible eye exams. As an optometrist, he wants patients to see the doctors as well; however, there is a place for this technology. His concern is that if it is regulated out, ophthalmology will take it away from us and we will lose it as a profession.

Another public comment was heard from Ms. Kristine Schultz. Ms. Schultz stated that the California Optometric Association's (COAs) position on online refraction is identical to the American Optometric Association's (AOAs). The current technology, that she is aware of, does not allow for all the tests required by the current standard of care. Regulation should be simple; you require the standard of care to be followed and discipline optometrists who approve prescriptions without meeting the standard. COA

strong supports telehealth. Online refraction (as it is being used now) is only a work around, and it does not bring patients and doctors together which is the intention of telehealth.

B. Discussion of Focus Areas for Next Stage of Research

Audio of Discussion: **1:01:31 / 2:34 :13**

Mr. Morodomi commented that he would be interested in knowing what current regulations hinder telehealth.

Ms. Salazar Sperber noted that privacy of patients and sharing of information needs to be vetted. She recommended consulting with the Medical and Dental Boards, as well as other health boards to see how they have developed their telehealth protocols through COVID. They are certain to have achieved more information over the last six to eight weeks then when this conversation was started. Probably the best next step would be to investigate what roadblocks they have encountered and what worked for overcoming them; what works and what does not work; then begin from there.

Ms. Murphy agreed that Ms. Sperber makes a very good point. The data that has been collected over the last six to eight weeks could be very informative. She referred Members back to the staff research materials in their packets, which began in August (when the workgroup was created) and continued until March just prior to the outbreak of COVID. With this research, staff did look at the previous publications and actions of the Medical and Dental Boards. However, she believes there are additional conversations to be had now.

Ms. Garcia appreciates the activities of the workgroup. She asked how the Board may obtain more information-research from the standpoint of opticians? The letter from the National Association of Optometrists and Opticians addresses registered and non-registered opticians as involved in telehealth, so how may the Board seek obtaining more information as it applies to opticians.

Dr. Wang strongly agrees with Ms. Garcia. She believes continuing conversations with the other boards is a fantastic plan. With regards to privacy, she informed Members that some online platforms like Zoom have succeeded in creating more secure links. She added that at Berkeley they are using a platform that is much more Health Insurance Portability and Accountability (HIPPA) compliant. Therefore, there is much greater patient privacy then was in existence prior to COVID.

Ms. Brandvein advised that it may be helpful to obtain a running list by state and look at who has telemedicine laws and who does not; before March and then post March. This may provide a usable baseline to work from.

Ms. Murphy announced that staff reached out to ARBO for historical data. Staff can make this data available in the final posting of documents for this meeting. A meeting of

executive officers across the nation is scheduled for early next week; and she assured that staff will ask members how what they have been doing has changed over the last six to eight weeks; how they have changed their telemedicine approach?

Dr. Kawaguchi stated that the workgroup should perform their research from the standpoint of three overarching categories of next steps: (1) Interpretation of current California optometry laws as it applies to optometry practice; (2) clearly understanding definitions of terms to prevent intertwining terms incorrectly, and achieve consensus in how the terms will be used and defined; (3) address current urgencies and problems that may have easy fixes. He noted that this subject (as a whole) is very deep and broad, and the Board should avoid overwhelming itself in trying to accomplish more than Members can handle all at once. He advised that Members are at risk of losing focus if there are not clearly defined goals from the workgroup. Therefore, he asked the workgroup to maintain clarity with every discussion and not allow Members to go down various rabbit holes.

Ms. Garcia expressed a concern. She does not want the workgroup to feel they must handle the entire task themselves. She asks if there is anything Members can do assist them. It would be great to have an outline of issues the Board has already addressed and clearly outline what items need to be addressed. She asserted that the workgroup should not feel overwhelmed and the Board is available to assist them as well.

Dr. Chawla noted that Board staff does a great job in collecting information.

Ms. Brandvein announced that ironically, she just received a breaking report on the future of healthcare etc. regarding the acceleration of the online – offline integration. She advised that perhaps the Board can extract some of the forward leaning data from articles written by the leaders of the industry.