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**PRACTICE AND EDUCATION COMMITTEE
TELECONFERENCE MEETING AGENDA
Friday, July 31, 2020
1:00 p.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=ef27616a21d2df264952f7fcfd47b140>

Event Number: 145 585 3064 Password: PEC73120

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 Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 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

4. **Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 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 Autofluorescence
- 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 Pearls
 - 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 delivery*)
 - EE. Ketchum University – Dr. John Lee, MD**
 - 1. Early Results of the Recent FDA Approved Trifocal IOL (*online delivery*)
 - 2. Epithelial Mapping and Refractive Surgery (*online delivery*)
 - 3. Trauma Drama: Cases of Mechanical Ocular Injury (*online delivery*)
 - 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)
- 5. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 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 delivery*)
 - 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
- 6. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 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
- 7. Discussion and Possible Action on Title 16, California Code of Regulations Section 1536: Continuing Optometric Education; Purpose and Requirements**
- 8. 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

9. Discussion on Telemedicine

10. Future Agenda Items

11. 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

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

New text is underlined, existing text which is removed is ~~struckthrough~~. Text proposed for PEC discussion is **highlighted in yellow**.

§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~~ 25 hours of required biennial course work may be accomplished by using any or all of the following alternative methods:

~~(1) 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:~~

~~(A) Audio or video pre-recorded teleconferences, webinars, seminars, podcasts, broadcasts or lectures via the internet.~~

~~(B) CD-ROMs played on a computer.~~

~~(C) Digital video discs.~~

~~(D) Books or materials as part of an independent or home study program.~~

~~(E) Programs or applications on a data-enabled device, such as a computer, tablet, or cellular phone specifically designed for this purpose.~~

(F) Any other technology the Board chooses to adopt as adequate to accomplish this purpose.

(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,

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

(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).

(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

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?

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

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 section 1536(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 _____ <div style="display: flex; justify-content: space-around; font-size: small;"> _____ First _____ Last _____ Middle </div>	
Provider Mailing Address Street _____ City _____ State _____ Zip _____ Phone _____	
Provider Email Address _____	
Will the proposed course be open to all California licensed optometrists?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content, <u>dates and places of the course, course completion certificates</u> and attendance as the Board requires, for a period of at least three <u>four</u> years from the date of course presentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Pursuant to CCR §1536 (c)(1), will the course be self study?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>If self study, will a test component be required to determine the licensee's understanding and knowledge of the course?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>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.</u>	<u>Please describe in supplemental attachment.</u>



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
_____	_____
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.	Status: COMPLETED SCD ¹ : Jan. 2019
<ul style="list-style-type: none"> • 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. 	
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.	Status: COMPLETED SCD: Dec. 2017
<ul style="list-style-type: none"> • 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. 	

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.	Status: COMPLETED AND ONGOING SCD: Dec. 2017
<ul style="list-style-type: none"> • 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. 	
Objective 2.2: Analyze the examination requirements to evaluate for competency and the validity of the examination.	Status: COMPLETED SCD: Feb. 2019
<ul style="list-style-type: none"> • 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. 	

¹SCD: 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).	<p style="text-align: center;">Status: COMPLETED AND ONGOING SCD: Dec. 2020</p>
<ul style="list-style-type: none"> • 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. 	
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.	<p style="text-align: center;">Status: COMPLETED SCD: JAN. 2019</p>
<ul style="list-style-type: none"> • 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.” 	
Objective 3.7: Explore the feasibility of proposing legislation to synchronize the expiration dates of all license types for a given individual.	<p style="text-align: center;">Status: NOT STARTED SCD: Mar. 2020</p>
Objective 3.8: Explore the feasibility of proposing legislation to merge the RDO and Optometry funds to stabilize the long-term Optometry fund condition.	<p style="text-align: center;">Status: COMPLETED AND ONGOING SCD: Sept. 2019</p>
<ul style="list-style-type: none"> • 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. <i>Recipient count provided to SOLID.</i>	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



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 what 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 looking 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 than 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 than 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.