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Madhu Chawla, OD, Chair Martha "Ruby" Garcia, CLD, SLD Debra McIntyre, OD

#### 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	Charter College Oxnard Campus 2000 Outlet Center Drive #150 Oxnard, CA 93036
	Stevenson Ranch Library 25950 The Old Road Stevenson Ranch CA 91381	

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	Х				
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

- 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
  - 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 2<sup>nd</sup> 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:

<u>Subsection (c)</u>: 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.

<u>Subsection (c)(7)</u>: 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.

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

<u>Subsection (g)(4):</u> 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.

<u>Subsection (h)(9):</u> 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.

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

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

<u>Subsection (n):</u> 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	Х				
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.