

**OPTOMETRY SERVICE
CONFERENCE CALL**

AGENDA

June 18, 2010

3 p.m. Eastern Time

1 (800) 767-1750, Access Code: 16019

1. Announcements: Dr. Selvin moderating for Dr. Townsend
 - a. Open VA Optometry Staff Positions
<http://www.vacareers.va.gov/index.cfm>
 - i. Dr. Selvin comment. Please check the web link for open staff positions.
http://www.navao.org/documents/06_18_2010/Open_Optometry_Positions_List_2010.doc
 - b. Major Charles R. Soltes, Jr., O.D. VA Blind Rehabilitation Center
 - i. A bill to designate the Department of Veteran Affairs blind rehabilitation center in Long Beach, CA as the “Major Charles Robert Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center.”
http://www.navao.org/documents/06_18_2010/Soltes_Senate_Bill.pdf
 - ii. Dr. Selvin comment. It is a great honor to have a major VA facility dedicated in his name. He gave his life and service to the country as many others working in the VA are, currently.
 - c. VHA Directives 2010-024, 2010-025, 2010-026, 2010-027, and 2010-028
 - i. Directive 2010-024: This Veterans Health Administration (VHA) Directive provides policy for making changes in Compensation and Pension (C&P) Examination Reports.
http://www.navao.org/documents/06_18_2010/VHA_Directive_2010-024_Changes_in_C&P_Examination_Reports.pdf
 - ii. Directive 2010-025: This Veterans Health Administration (VHA) Directive sets forth the requirements for initiating, conducting, and documenting peer review for quality management of care provided by an individual health care provider in VHA facilities.
http://www.navao.org/documents/06_18_2010/VHA_Directive_2010-025_Peer_Review_for_Quality_Management.pdf
 - iii. Directive 2010-026: This Veterans Health Administration (VHA) Directive provides the Department of Veterans Affairs (VA) policy for charging certain Veterans co-payments for medication received on an outpatient basis for non-service connected conditions.
http://www.navao.org/documents/06_18_2010/VHA_Directive_2010-026_Implementation_of_Medication_Co-Payment_Changes.pdf
 - iv. Directive 2010-027: This Veterans Health Administration (VHA) Directive provides policy for implementing processes and procedures for the scheduling of outpatient clinic appointments and for ensuring the competency of staff directly or indirectly involved in any, or all,

components of the scheduling process.

http://www.navao.org/documents/06_18_2010/VHA_Directive_2010-027_VHA_Outpatient_Scheduling_Processes_and_Procedures.pdf

- v. Directive 2010-028: This Veterans Health Administration (VHA) Directive provides policy regarding the discretionary use of Unlicensed Assistive Personnel (UAP) for medication administration. UAP can be nursing assistants, health technicians, etc.
http://www.navao.org/documents/06_18_2010/VHA_Directive_2010-028_The_Use_of_Unlicensed_Assistive_Personnel_in_Administering_Medication.pdf

 - d. VHA Handbook 1140.04
[http://www.navao.org/documents/06_18_2010/VHA_Handbook_1140.04_Geriatric_Evaluation_and_Management_\(GEM\)_Procedures.pdf](http://www.navao.org/documents/06_18_2010/VHA_Handbook_1140.04_Geriatric_Evaluation_and_Management_(GEM)_Procedures.pdf)
 - i. This Veterans Health Administration (VHA) Handbook provides procedures for clinical and administrative staff in developing and operating Geriatric Evaluation and Management (GEM) programs.

 - e. Implementation of IL 10-2010-007, Under Secretary for Health's Information Letter: Visual Impairment Prevention for Veteran Patients
http://www.navao.org/documents/06_18_2010/458284%20attachment.doc
http://www.navao.org/documents/06_18_2010/458284%20-%20Action%20Plan%20-VISN%20Summary.xls
http://www.navao.org/documents/06_18_2010/458284-VISN%20Optometry%20List.xls
http://www.navao.org/documents/06_18_2010/Ophthalmology%20VISN%20Consultants%206%208%2010.xlsx
 - i. Dr. Selvin comment. The VISN responses are due at the end of this month; hopefully, the consultants in optometry and ophthalmology are organizing this.

 - f. VHA Office of Public Health & Environmental Hazards, H1N1 Influenza Advisories: <http://vaww.vhaco.va.gov/pubhealth/swineflu/index.htm>
 - i. Dr. Selvin comment. Please go to the weblink for more information and updates.
2. Optometric Education Programs - Drs. Grimes/Messer – unavailable for comment
- a. Dr. Selvin comment. All residencies are ending at the end of June and new residents and research fellows will be starting.
http://www.navao.org/documents/06_18_2010/Stipend_Memo_2010_-_100604.doc
3. Optometry Field Advisory Committee - Dr. Horn – unavailable for comment.
- a. Dr. Selvin comment. He believes the Optometry Field Advisory committee joint optometry/ophthalmology meeting will be held on September 23, 2010, but there is more notification to come.
4. Optometry Recruitment Representatives - Drs. Bennett/Gay

- a. Dr. Gay comment. There has been a lot of positive feedback from power-point presentations the Retention and Recruitment committee has created. The representatives have been able to distribute and present it to display the benefits of VA Optometry.
 - b. Dr. Selvin comment. One of the issues Dr. Bennett was working on at the field advisory level was on possible pay reform in the VA because there has been no pay reform in 34 years.
 - c. Dr. Gay comment. Nothing more to report about that reform, please defer inquiries to Dr. Bennett.
5. Infection Control/Reusable Medical Equipment Reprocessing - Drs. Horn/White – unavailable for comment.
6. Teleretinal Imaging Program - Drs. Cavallerano/Selvin
 - a. Dr. Selvin comment. To date, they have imaged approximately a half a million patients and, arguably based on all the population studies they have done, they probably have saved vision for about 5,000 patients or more. That is the presumption that there is 1% proliferative diabetic retinopathy in the population we are dealing with. Patients in this care management system not only do better with their eyes but with their disease.
 - b. They are now looking at teleretinal imaging to validate other diseases, notably, glaucoma and macular degeneration. The problem is that there are more patients to see than capacity and they need to be taken care of. This is an excellent way to do that safely and efficiently while giving “top notch” care as to when the patient needs to be seen in the eye clinic.
7. DoD/VA Vision Center of Excellence & Eye Injury Registry - Dr. Townsend – unavailable for comment.
8. TBI Vision Rehabilitation - Drs. Gagnon/J. Kirby – unavailable for comment.
9. Low Vision Rehabilitation - Drs. Fuhr/Gagnon/Mancil
 - a. Dr. Mancil comment. The VIST and Rose meeting is coming up in Washington DC in mid August. They will be switching to a biennial schedule so this is an opportunity for those participating in the continuum of care clinics to be part of that
10. Optometry Quality Improvement - Dr. Norden
 - a. Dr. Norden comment. Peer review for quality management directive comment: one concern was why there was another revision so soon since the last revision came out in 2008.
 - i. He suspects it is due to the fact the previous revision had to be cleared up from the confusion and result of prominent publication. In that directive, the primary message seemed to be that there was a very intricate, purposeful, and procedural set of steps that had to be followed in order to establish “protected” status for peer reviews. That word protection applies to protection from legal retribution by a practitioner who had been harmed, financially, by

- a peer review that he/she perceived as being conducted unfairly or with professional bias.
- ii. The word protected, therefore, applies to peer reviews and program officials as well as the institutions themselves protecting the individuals who have been involved in the peer review process.
 - iii. This seems to have been a developing problem with the traditional peer review in medical practice when the outcome results in some change in status at the hospital, change in privileges or being released from that facility. This would sometimes result in the practitioner that was released from the facility from turning around and suing everyone that was involved in the process.
 - iv. The 2008 directive was written to provide instructions to VA professionals involved in VA peer review processes; how to follow the proper procedural and legal steps for legal discovery protection in subsequent law suits. At the same time it was to emphasize the fact that professional practitioners still need to take part in the peer review process. What occurred was practitioners would defer when being asked to participate in the peer review process because they were afraid of being sued if an adverse outcome were to occur. This protected peer review process has now been developed and explained for quality improvement, not necessarily for punitive action (i.e. termination, reassignment, or reduction of clinical privileges).
 - v. Please refer to the formal summary of Dr. Norden's comments about the revised VHA Directive on peer review - http://www.navao.org/documents/06_18_2010/PeerReviewDirective.pdf
- b. Dr. Norden comment. Then came the drive for competency assessment for privileging and re-privileging, although this is still being done at 2 year intervals, it is now to be based on more frequent assessments of performance where peer reviews start to "creep back into the literature".
- i. He believes that in response to this evolutionary process, it was necessary to revisit the peer review and quality management directive.
 - ii. In the first paragraph it states that not all peer reviews are for quality management in order to include management purposes like OPPE and FPPE. As you read it, to apply the information, it becomes uncertain to see if this is applicable to "protected" practices. The term definitions also cause confusion and he goes on to read examples of those who are peer reviewers and who they are allowed to review.
 - iii. To note, making the distinction between peer review and clinical pertinence review becomes difficult to understand. He believes the distinction is that a pertinence review, reviews documentation and a peer review, reviews decisions.
- c. Peer reviews are scored differently: there are 3 levels.

- i. Level 1 assumes that the most experienced, competent practitioners would have managed in a similar manner, level 2 some might have managed the case differently, and level 3 is it would have been managed differently.
 - ii. The interpretation then is questioned as to who is THE most experienced practitioner they are referring to and what if someone else would manage it differently due to different levels of comfort.
 - d. Dr. Mancil comment. One way that was described to distinguish the difference between pertinence and peer review is that peer review is always viewed as being “protected” whereas the pertinence review may not be.
 - e. Dr. Norden comment. He agrees with Dr. Mancil in that the pertinence review is not necessarily protected and the peer review is only protected if the guidelines are followed “to the letter” and getting approval from your VISN director for that particular review process.
 - f. Dr. Bright from LA comment. At his facility, peer review is absolutely protected and that it will NOT impact any clinical privileging. It is his understanding that peer reviews are not supposed to be performed regularly as are OPPE and is supposed to be driven by occurrence screens (i.e. returning to hospital after a discharge, suicide attempt or death after a discharge).
 - g. Dr. Mancil comment. He views the clinical pertinence reviews as something that supplies a portion of the data that goes into the provider profile which is the basis on which the OPPE is completed/supported.
 - h. Dr. Norden comment. He has aided other facilities in setting up peer review programs and although some of that has changed in how to make patient selections to be reviewed and how they are graded/scored, there seem to be problems on how to identify patients with certain diagnoses. One way to do this is the ACRP reports package in VISTA and he can give you instructions on looking at those adhoc reports to give you a list of encounters that are specific to diagnosis, practitioner or stock code. He will send you a screen capture if you contact him.
- 11. VA Systems Redesign/Wait Times - Drs. Belkin/Ficarra – unavailable for comment.
- 12. VA Research Announcements & Solitations - Dr. Mancil
 - <http://vaww.research.va.gov/news/announcements/default.cfm>
 - http://vaww.research.va.gov/funding/solicitations/default.cfm#All_ORD
 - a. Dr. Mancil comment. He directs everyone to the weblinks. There are several that may be of interest, especially on the OEF/ OIF deployment health research projects looking at serving returning veterans better, traumatic brain injury solicitation, and health service research and design pilot proposals. He encourages everyone to log in and see what sparks your interest.
- 13. VHA Optometry Service Websites - Drs. Cordes/Ficarra/Hamilton – unavailable for comment.

14. VA Optometry Service Directory - Drs. Egusa/Lim/Pewitt
 - a. Dr. Pewitt comment. She wanted to thank everyone for sending updates for the directory and, if possible, please glance over the directories periodically to see if there are any changes to be made. Also check on your co-workers and if they are not listed so the committee can add them promptly.
15. VA Residency Trained Optometrist Directory - Dr. Wang
 - a. Dr. Selvin comment. He wants to encourage all residents that will be leaving in a couple weeks, to get on that directory. He also encourages everyone to maintain contact with their residents because they may be considered for staff positions in the future.
16. AFOS Report - Dr. Wasik
 - a. Dr. Wasik comment. The website is AFOS2020.org which is “revamped”. You can log in to see a copy of the letter that was sent in response to the information letter. If you have your last published newsletter from AFOS, your username and temporary password are located on that. Otherwise, you can go onto the website to contact AFOS for the username and password.
 - b. AFOS is now the 13th largest affiliate in the AOA. If you are interested in becoming a member or would like more information, feel free to contact Dr. Wasik or go to the website and there is a lot of information available there that you do not need to log in for: this includes membership information to fill out an application.
17. NAVAIO Report - Drs. Kawasaki/Storer
 - a. Dr. Kawasaki comment. Please mark your calendars for our annual dinner meeting which will be held the evening of Thursday, November 18, 2010 at the InterContinental Hotel in San Francisco in conjunction with the American Academy of Optometry meeting. Please stay tuned for more details as the date gets closer. Registration will be online through the NAVAIO website as usual.
 - b. The summer issue of the NAVAIO newsletter will be published soon. Our Newsletter Editor, Dawn Tomasini, is requesting that members consider submissions by Wednesday, June 30, 2010. She is also requesting any announcements for our *Keeping In Touch* section, which include personal and profession announcements for our members. Please email all submissions or ideas to dawn.tomasini@va.gov.