

**Department of Financial and Professional Regulation
 Division of Professional Regulation
 Collaborative Optometric/Ophthalmological Task Force Advisory Board Meeting**

Illinois Department of Financial & Professional Regulation
Division of Professional Regulation
Collaborative Optometric/Ophthalmological Task Force Open Minutes

Date: April 11, 2017
 Meeting Convened: 2:33 P.M.
 Meeting Adjourned: 3:17 P.M.
 Location: IDFPR Springfield Office, 320 W. Washington St. Suite 285
 IDFPR Chicago Office, 100 W Randolph St. Suite 9-171A

Roll Call: Vince Brandys, OD
 Sohail Hasan, M.D., Ph.D
 Michael Horstman, Board Member
 Erin O'Brien, Board Member

Staff Present: Milana Lublin, Assistant General Counsel
 Kathleen Alcorn, IDFPR

Guests Present: In Person: Richard Paul, Illinois Society of Eye Physician & Surgeons; Matthew Jones, Illinois Optometric Association

Topic	Discussion	Action
Roll Call	Milana Lublin Rich Paul Erin O'Brien Matthew Jones Vince Brandys, OD Michael Horstman Sohail Hasan, MD Kathleen Alcorn	
Approval of April 11, 2017 Minutes	Ms. Lublin reviewed the previous meeting that took place and reviewed the agenda.	A motion was made by Horstman/ seconded by O'Brien to approve the April 11, 2017 meeting minutes. Motion passed unanimously.
Analysis of Task Force Action	<u>Dr. Hasan</u> : The purpose of the task force is to provide a curriculum for these advanced optometric	

procedures. All of the procedures provided to us by Horstman provide certain risks. Reducing the standards that the Department holds us to in medical school and residency can increase the risk. When discussing the benefits and risks to the patients when considering performing surgery, I weigh those things and conduct a risk-benefit analysis. Suggested that task force members go through the list and provide the benefits to balance the risks. We should start with the described need and anticipated benefit.

Horstman: The need in Southern Illinois is heavy. Regardless of location, Medicaid population is in need for these services. If we have to send them elsewhere for service, they may not get the care they need.

Guest, Richard Paul: If you're going to change the educational standard, you need to do so because of a deficiency or quality of care. Why these procedures and not others?

Dr. Hasan: Need may vary with the procedure. Like epilation, in southern Illinois, what are we thinking of anticipating need?

Horstman: You asked us to change the nomenclature to make it more presentable to your board. You did not ask us to remove anything.

Dr. Hasan: To come up with a curriculum it is going to increase risk.

Guest, Matthew Jones: Is there proof? There is a study about laser – none of these things are listed as a risk? Is there a risk we are not aware of?

Dr. Hasan: Currently, if someone wants to do these procedures, they need to go to medical school and residency in ophthalmology.

Lublin: For reference, passing around Louisiana and Kentucky advanced optometric procedures permitted.

Dr. Brandys: No increase in medical malpractice rates instituted.

Dr. Hasan: Not interested in other states. We can present other states that are much stricter than what we currently have in Illinois. Just asking for information to help create a curriculum.

Horstman: We have to produce what other states are doing successfully.

Dr. Brandys: We can talk about malpractice, it is all based upon numbers of patients, doctors, etc. But we need those numbers to know exactly what the risk is?

Horstman: If there was an endangerment, insurance companies would be the first to react. Additionally, on top of our current education, what is needed to qualify these methods? We looked at other states and added to those things.

O'Brien: Does the training include clinical and didactic in other states?

Dr. Brandys: Before practicing on patients, a doctor does not need (x) amount of surgeries.

Horstman: We agree that the doctor should have hands on experience before doing this.

Dr. Hasan: This is a whole different ballgame than removing foreign bodies.

Horstman: To safely do this, what is the standard? It can't be too far out because there won't be enough room to become certified.

Dr. Hasan: Justification is access to care for all of the procedures. Biopsy, for example, would be one so that we could determine if we need to refer to patient to you.

O'Brien: Please explain chalzion?

Dr. Hasan: Needs to be diagnosed correctly first. If cancerous, needs to go to an oncologist (explains the procedures).

Horstman: We would refer this if cancerous to the correct specialists.

Dr. Hasan: If you misdiagnose and cut into this, it is not beneficial or safe for the patient. Questioning if that is something covered in the curriculum. Does not have faith in current interaction with optometric students who go to medical or optometry school. (Asked specific questions if taught in the curriculum).

Jones: Disagree – I know about all of these things. My brother (an emergency room physician) and I went to our specific schools (medical and optometry), and many aspects were identical in the eye. May vary in treatment. In all schools you will always have the bottom two percent or those who have not paid that much attention. We are trying to develop a curriculum for those who are focused to aspire to

better themselves and learn these aspects in detail.

Dr. Hasan: The more information we have about the current curriculum the better. We need to know more about the didactics. There's a whole course in medical school just about surgery. Get the feeling you want us to say that you are learning everything you need to know, that this is being done in other states. But that this is not going to happen.

Horstman: We have provided this. Our purpose is to draft and provide learning objectives. This came out in our discussions last year. You are heavy in clinical and we are in the didactic. How do we find a middle ground?

Dr. Brandys: We have an ophthalmologist that comes in from OK and KY who does teach and discuss this.

Jones: Coming across as someone who is saying that we are not as smart as other MDs.

Dr. Hasan: Not intend on coming across this way. You are rubbing stamping no on my requests. I am just asking for a curriculum.

Horstman: We have provided this in the past.

Dr. Brandys: Dr. Baker is in charge of the curriculum. He could physically be here.

Dr. Hasan: That would be helpful. We sent a request of curriculum in February. If we could have those questions answered that would be helpful.

Lublin: Is there anything on the list that you feel comfortable in putting into the bucket that is acceptable to move forward? Are there others you would like more information on so that we have a good starting point?

Dr. Hasan: For intradermal injections – subcutaneous injections – what injections would an optometrist would need to do? What do you mean by these? I don't have any colleagues who do these things? Why do you need to do these things?

Jones: Do any of these things look like a yes?

Dr. Hasan: I will present to my board.

Lublin: Would KY and LA help?

Dr. Hasan: No. We do not know who wrote their curriculum.

Paul: Dr. Hasan is trying to understand why these particular procedures are needed in IL, and also trying to get an understanding of where things stand now – we all know that the current standards will be decreased or changed, so that optometry students in school now can meet whatever that standard is and then meet the standards on this list, which will be on the statute – Task Force – by Sept. 1st – to propose – then the task force will adopt whatever they chose to adopt. Last summer thought the meetings were positive and productive. After a few meetings, it became clear that it is not inferior but it is different. Why can't we identify what those differences are and what can we do to put structure into this to identify what the knowledge gap is.

	<p><u>Dr. Hasan</u>: It's all in good faith.</p> <p><u>Jones</u>: You have said you do not know what our curriculum is. How can you say we are not learning what we are supposed to be learning if you do not know what our curriculum is?</p> <p><u>Hasan</u>: I do not know what the curriculum is.</p> <p><u>Jones</u>: We need to clarify this.</p> <p>Dr. Brandys (?): Let's stop spinning our wheels. Let's go back to the curriculum. I will provide (x) who are experts on the curriculum for the next meeting for Dr. Hasan to ask all of the questions he wants.</p>	
<p>Old Business</p> <p>I. 2017 meeting Dates</p> <p>II. Deadlines</p>	<p>Confirmed with the Task Force members that the next board meeting is scheduled for May 09, 2017 at 2:30p.m.</p> <p>Ophthalmology - Final Education Curriculum Due September 2017.</p>	
<p>Adjournment</p>		<p>There being no further business to discuss, a motion was made by Hasan / seconded by Brandys to adjourn at 3:17PM. Motion passed unanimously.</p>