



## State EHR programs rapidly taking shape

Plans for a Nationwide Health Information Network (NHIN) advanced last month as the U.S. Department of Health & Human Services (HHS) and U.S. Department of Labor (DOL) jointly announced nearly \$1 billion in grants for state and regional electronic health record (EHR) projects.

Using funds authorized under the Health Information Technology for Economic and Clinical Health (HITECH) provisions of last year's American Recovery and Reinvestment Act (ARRA), Secretary of Health & Human Services Kathleen Sebelius announced more than \$760 million in grants to establish state and regional health information exchanges (HIEs) as well as regional "extension centers" that will assist physicians in

implementing EHRs.

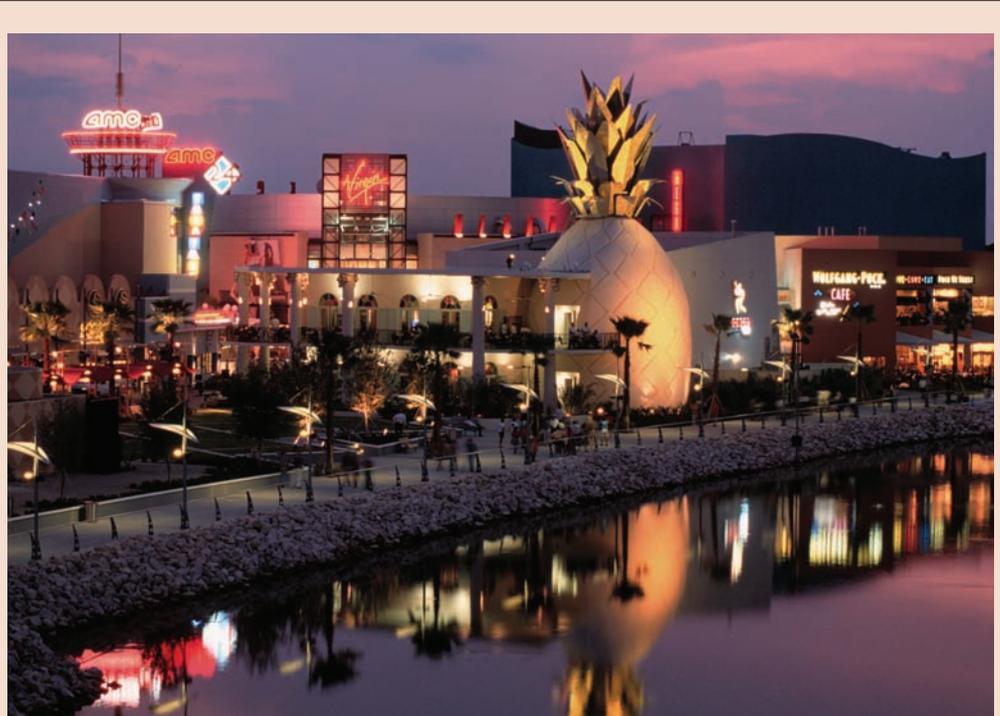
Secretary of Labor Hilda L. Solis announced an additional \$225 million in grants for new education programs to train personnel for EHR-related careers.

*"Optometry must have access to the nation's new HIT infrastructure if it is to remain America's primary eye care profession."*

States will play a critical leadership role in facilitating the meaningful use of electronic health records among doctors and hospitals in their jurisdictions, according to the HHS.

In line with the AOA's new Electronic Health Records Preparedness Program for Optometry, Philip Gross, O.D., chair of the AOA Health Information Technology and Telemedicine Committee (AOA-HITTC), called on optometrists across the nation to now become actively involved in the devel-

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## ABO to begin accepting applications next month

The American Board of Optometry (ABO) announced its progress in overseeing a process of board certification of optometry and subsequent maintenance of certification program at SECO last month.

The ABO has adopted the requirements for initial board certification during the phase-in period, and the board is in the process of selecting vendors for software infrastructure and for examination development.

"Online applications should be available in April," said David A. Cockrell, O.D., chairman of the ABO Board of Directors. "Our goal is to have a computer-based test

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# Conn., N.J. endorse Drug Recognition Expert Program

The Connecticut Association of Optometrists (CAO) and the New Jersey Society of Optometric Physicians (NJSOP) have adopted resolutions formally endorsing the Drug Recognition Expert Program (DRE) – a growing law enforcement initiative that utilizes eye assessments to help spot motorists who may be driving under the influence of illicit drugs or alcohol.

Advocated by the International Association of Chiefs of Police (IACP), the National Highway and Transportation Safety Administration (NHTSA) and the National District Attorney's Association (NDAA), the DRE Program was developed specifically to detect impairment resulting from the use of controlled substances, which may not always be readily identifiable in the course of a standard field sobriety test, according to Harvey Richman, O.D., immediate past NJSOP presi-

dent. "The CAO and NJSOP recognized the DRE Program for its innovative approach to the promotion and protection of public health and safety,"

boards cited studies by the Southern California Research Institute and Johns Hopkins University documenting the effectiveness of the DRE Program, as well as a history

When pharmaceuticals, alcohol or illegal substances appear to be involved, the DRE officer may be able to use the protocol to further determine if impairment is

Officers check to see if suspected impaired drivers can touch the tip of their nose with the fingers, walk a straight line, stand without swaying consistently and stand on one leg.

They check pulse rate, blood pressure and body temperature.

However, DRE officers also utilize physiological eye assessments including the horizontal gaze nystagmus test (HGN).

Based on variations in eye movements, the HGN test can provide indications of impairment due to health conditions and alcohol as well as depressant drugs, dissociative anesthetics and inhalants.

In 1993 the AOA House of Delegates unanimously adopted a resolution that endorsed the HGN Field Sobriety Test.

The endorsement of the resolution (#1901) has been sustained and unchanged through repeated reviews in

*see DRE, page 19*

*"Approximately one out of six night-time drivers are potentially under the influence of drugs or illegal substances, other than alcohol, while driving on our roads. Many of these impaired drivers would be undetected and capable of endangering themselves, their passengers and the public without such a program."*

Dr. Richman said. "Approximately one out of six night-time drivers are potentially under the influence of drugs or illegal substances, other than alcohol, while driving on our roads. Many of these impaired drivers would be undetected and capable of endangering themselves, their passengers and the public without such a program."

In their endorsements, the CAO and the NJSOP

of cooperative efforts between optometrists and law enforcement officials to develop the program.

Under the DRE program, specially trained and certified law enforcement officers utilize a protocol of assessment methods to determine if suspected impaired driving may be caused by a health condition, prescription or over-the-counter drugs, alcohol, or illegal substances.

due to the use of depressants, inhalants, cannabis, stimulants, hallucinogens, dissociative anesthetics, or narcotic analgesics.

The standardized 12-step protocol includes a number of uncomplicated eye-hand coordination and divided attention tests that have traditionally been used by law enforcement officers in Standardized Field Sobriety assessments.



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American Optometric Association

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# AOA CD-ROM details impact of diabetes on eyes

A new, updated edition of the AOA's highly popular Healthy Eyes Healthy People® Diabetes CD allows public health officials, health care professionals, and diabetes educators to easily access a range of helpful, evidence-based public education materials on the ocular manifestations of diabetes.

Introduced several years ago to provide a compendium of the most widely used AOA information on diabetes-related eye problems in a convenient digital form, the Healthy Eyes Healthy People® Diabetes CD proved an immediate hit with diabetes care professionals across the nation.

The new revised version of the Healthy Eyes Healthy People® Diabetes CD, set for release in March, includes additional materials from the National Diabetes Education Program (NDEP) and National Eye Health Education Program (NEHEP).

"The Healthy Eyes Healthy People® Diabetes CD can greatly facilitate efforts to help those with (or at risk for) diabetes understand the

impact of the disease on their eyes," said W. Lee Ball, O.D., AOA Healthy Eyes Healthy People® Committee member and staff optometrist at Boston's Joslin Diabetes Center. "Easy to pack in a satchel or briefcase, the CD-ROM makes it simple to always have a good selection of the most widely used evidence based educational materials available. You can provide the most appropriate

time-tested AOA materials explaining how diabetes affects the eye (with eye schematic), common eye problems associated with the disease (including a glossary of common terms), and tips for maintaining good eyesight despite diabetes.

In addition, the CD-ROM now includes NDEP Control Your Diabetes for Life literature (with specific advice for blacks, Hispanics,

English and Spanish version.

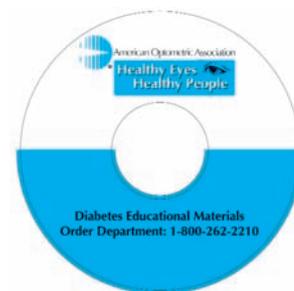
The CD-ROM now also includes new AOA information on glaucoma, cataracts, macular degeneration, refractive error, cranial nerve palsies, dry eye and other conditions often seen in patients with diabetes.

The new edition of the CD-ROM has been reviewed and revised to ensure it reflects the latest clinical research, Dr. Ball added. The AOA Healthy Eyes Healthy People® Committee worked closely with the National Eye Institute's NEHEP Deputy Director Neyal Ammary-Risch, MPH, on the project.

"The American Optometric Association has consistently been at the forefront of the growing effort to prevent diabetes-related eye problems," said John Whitener, O.D., the director of the AOA Council on Research, who first developed the CD-ROM along with Dan Bintz, O.D., Paul Holland, O.D., and Norma Bowyer, O.D., MPH.

The AOA supports diabetes control measures and other eye-related objectives outlined in the national Healthy People 2010 public health agenda, under a memorandum of understanding with the U.S. Department of Health & Human Services.

The AOA plans to dis-



tribute up to 1,500 copies of the CD-ROM, free-of-charge while supplies last, through the AOA Healthy Eyes Healthy People® displays at this year's Centers for Disease Control and Prevention (CDC) Diabetes Translation Conference (April 13-16, 2010, in Kansas City, Mo.) and the American Association of Diabetes Educators 37th Annual Meeting and Exhibition (Aug. 4-7 in San Antonio, Texas).

Some 1,200 copies of the CD-ROM were distributed at last year's meetings before supplies ran out.

Copies of the Healthy Eyes Healthy People® Diabetes CD can be purchased for a nominal fee by contacting the AOA Order Department at 800-262-2210.

For additional information regarding the CD-ROM, contact AOA Healthy Eyes Healthy People® staff person Uzma Zumbrink at 800-365-2219, ext. 4267 or [UAZumbrink@aoa.org](mailto:UAZumbrink@aoa.org).

*"The Healthy Eyes Healthy People® Diabetes CD can greatly facilitate efforts to help those with (or at risk for) diabetes understand the impact of the disease on their eyes."*

information by printing copies as needed to distribute to patients, other diabetes team care providers and community leaders."

All of the materials stress the importance of annual dilated eye examinations for those with, or at risk for, diabetic retinopathy, Dr. Ball emphasized.

The CD-ROM features

Native Americans and Alaska Natives) as well as the NEHEP publications "Diabetic Eye Disease: An Educator's Guide," "Don't lose sight of diabetic eye disease," and a handbook, "Educating Your Community About Diabetic Retinopathy: Tips and Tools for Making Vision a Health Priority." All materials are printable in an

## DRE,

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1995, 2000 and 2005.

In addition, DRE officers examine pupil size and reaction to lighting as means of detecting the use of illegal substances.

The measuring of specific differences and deviations from normal pupil size has become a key part of the DRE evaluation process.

Several optometrists have played important roles in the development of the DRE program.

New England College of Optometry professor Jack Richman, O.D., and Pacific University College of Optometry professor Karl Citek, O.D., conducted key research for the program on the relationship of eye movements and pupil function to

drug and alcohol use.

They lecture on the subject across the nation.

Dr. Jack Richman, who is both a certified Drug Recognition Expert officer and DRE program instructor, serves as the medical consultant to the IACP Police Highway Safety Committee's technical advisory panel and worked with law enforcement officers to establish the DRE Program's pupil measure standards.

The IACP, NHTSA and NDAA have utilized optometrists as consultants on the research and development of Standardized Field Sobriety testing including HGN and the DRE protocols. A number of optometrists across the country already

provide training to law officers as part of DRE programs.

D. Robert Pannone, O.D., and E. Robert Bertolli, O.D., teach the vision science behind Standardized Field Sobriety Tests and drug detection at the Connecticut Police Academy.

The Connecticut and New Jersey optometric associations hope more optometrists in their states will now become similarly involved in local DRE programs, Dr. Harvey Richman said.

"The doctor of optometry is the health care professional who is most familiar with the intricacies of vision science, physiology and human performance," Dr. Richman said.

## Medicare pay patch extended to March 31

President Obama on Tuesday (March 2) signed into law the federal Temporary Extension Act which keeps Medicare physician reimbursements at present levels through March 31. The action effectively forestalls a planned 21 percent Medicare fee cut which was to take effect this month. In a related action, the U.S. Centers for Medicare & Medicaid Services (CMS) announced it would resume normal processing of Medicare claims.

The CMS had instructed carriers to suspend claim processing for the first 10 days of this month to give Congress time to avert the planned pay cut (see AOA First Look, March 1, 2010). This month's action marks the second time lawmakers have intervened to prevent the planned 21 percent pay cut which was originally slated to become effective on New Years Day. The AOA Advocacy Group is continuing to work with legislators to further stabilize Medicare pay rates over both the long and short term.