



American Optometric Association

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Janet Corrigan, Ph.D.
President and CEO
The National Quality Forum
601 Thirteenth St., NW, Suite 500 North
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Dear Dr. Corrigan,

The American Optometric Association (AOA) commends the work of the NQF and the National Priorities Partnership for the time and resources devoted to the creation of national priorities and goals for performance measurement and public reporting. As an organization of physicians striving to provide the highest quality of eye and vision care, the AOA appreciates NQF's recognition that the national priority-setting process must be a collaborative process involving multi-stakeholders who engage in priority-setting efforts and that the process should be transparent and open to public comment.

The AOA represents approximately 36,000 doctors of optometry, optometry students and paraoptometric assistants and technicians. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of Optometry examine, diagnose, treat and manage disorders that affect the eye or vision. Optometrists provide a wide range of care, including detecting and diagnosing eye diseases such as glaucoma, cataracts, retinal disorders and infections as well as systemic diseases such as diabetes and hypertension; prescribing medication to treat eye diseases; evaluating and treating vision conditions such as nearsightedness, farsightedness, astigmatism and presbyopia; performing minor surgical procedures such as removing foreign objects from the eye; and providing pre-and post-operative care, especially for glaucoma, laser, refractive and cataract patients.

As a member of the National Quality Forum, the AOA appreciates the opportunity to submit the following comments in response to the draft Priority Areas and Corresponding Goals dated 10/1/2008.

Improve the Health of the Population ó The AOA lauds the NPP in recognizing the need to promote and encourage preventative health care. The Priority Areas document notes that services included in this goal will be those recommended by the U.S. Task Force on Clinical Preventive Services. Efforts should be made to ensure that the U.S. Task Force recommendations are current and reflect the current state of practice in health care professions. This priority area also seeks to promote healthy lifestyle behaviors. The AOA recommends that the method for identifying these behaviors be identified for accountability purposes. The AOA supports the third component of this goal seeking to create a national index of health and sees value in efforts that implement comparative effectiveness.

Engage Patients and Families in Managing Health and Making Decisions about Care ó As indicated, patient feedback on health care experiences is an important component to measure satisfaction and areas where performance may be improved. Often, the best way patients can judge the effectiveness of treatments is by changes in symptoms. The AOA agrees that all patients should have access to tools and support systems that enable them to be an educated consumer of health care services. Likewise, patients should have access to information and assistance that enables them to make informed decisions about their treatment options.



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ica's Healthcare System – Optometrists are pleased to report
involving healthcare-associated infections and serious adverse
A agrees that the goals laid out are appropriately targeted to
hospitals where these cases are more prevalent and focusing on issues often documented to occur in
hospital settings.

Ensure Patients Receive Well-Coordinated Care Across all Providers, Settings, and Levels of Care ó Of
all the priorities and goals included in this document, this is the priority of greatest interest to doctors of
Optometry. Optometrists provide coordinated care by taking a medical history of the patient, reporting to
primary care physician and/or the referral to a specialist for ongoing treatment when clinically
appropriate. The AOA agrees that all providers and clinicians need to work collaboratively and that clear
communication should extend from all clinicians and providers to patients and family members during all
patient encounters. Patient choice is paramount and providers should work as a team to treat patients
rather than allow limitations to care coordination brought on by a gatekeeper system.

The AOA urges that the elimination of anti-patient and anti-provider barriers to primary eye and vision
care services be recognized in the overall health of the patient. Eye and vision care is a primary health
care service, and doctors of optometry are primary points of access for such care. Discrimination against
optometrists, whether impacting health plan access or health plan reimbursement, harms patients and
quality care. A comprehensive patient bill of rights and appropriate provider non-discrimination
safeguards should be recognized as quality and efficiency reforms are implemented into the health care
system.

Guarantee Appropriate and Compassionate Care for Patients with Life-Limiting Illnesses ó The AOA has
no objection to this priority area and corresponding goals.

Eliminate Waste While Ensuring the Delivery of Appropriate Care ó The AOA supports the NPP goal to
avoid unscientific, inappropriate and excessive care to ensure that the health care system operates in the
most cost-effective manner. As is mentioned in the document, this involves working in a collaborative,
multi-disciplinary approach to ensure accountability among all providers and maximize performance in
the clinical setting.

Respectfully,

Peter H. Kehoe, O.D., F.A.A.O.
President

Cc: Bernard M. Rosof, MD, MACP, Chair, Physician Consortium for Performance Improvement
American Medical Association
William Hatley, OD, Chair, AOA Commission on Quality Assessment and Improvement