

**PUBLIC HEALTH SERVICE OPTOMETRY OFFICER PROFESSIONAL ADVISORY GROUP
(OPAG)**

Conference Report {date and time here}

1. Attendees:

1.1. OPAG Members: Present were Maricela Bonilla, CJ Thompson, Larry Zobel (Secretary). Absent for various reasons were Chuck Jaworski (President), Gay Nord, Kimberly Lewandowski-Walker, Mike Duenas, & Mike Candreva.

1.2. Invited Guests: none

2. Meeting called to order at 10:15 Mountain Time

2.1 Approval of prior minutes—no corrections offered. Without a quorum present, members decided to review and comment on reports received and provide any new or additional info for the minutes.

3. Old Business/ Standing Agenda Items

3.1. Retention pay (ORSP)/Loan Repayment: see Mike Candreva's report, attached. No changes therein regarding the prohibition on simultaneously receiving OSRP and IHSLRP.

3.2. Medical Benefits – Tricare: N/R

3.3. Transformation: N/R

3.4. Pay : N/R

3.5. Uniform Policies: N/R

3.6. Retirements: Andy Qualm will retire effective 3/1/2008

3.7 Title 38 – Civil Service Reclassification – Pay Issues: Some changes that will offer more flexibility are in the works regarding utilizing T-38 and Market Pay for CS optometrists. Nothing final or definite to report now.

4 New Business and Liaison Reports

4.1 OPAG Membership/Agenda/By-Laws: N/R

4.2 OFRD Report: Larry Zobel learned that Gregg Davis is no longer coordinating the OFRD efforts regarding deployment equipment and meds, but has been in contact with LT Thomas Janisko, who is doing so now. I e-mailed him the equipment list I previously sent to Davis, and Janisko replied that he “has some concerns” with the lens racks and the BIO not fitting the scope of a deployment mission (although he might not know exactly what a BIO is), and with some of the TPA's I requested. This last concern might be moot, as the Pharmacy cache has already been finalized. I think his issues lie with the steroid meds. He has been busy of late writing an important report with a tight deadline, but should be more free now; Zobel will contact him shortly and discuss/clarify issues of concern.

4.3 Eye Care Coordination Committee Report: see Candreva's report attached.

4.4 I.H.S. Optometry Clinical Consultant Report - CDR Michael Candreva: see Candreva's report attached.

4.5 COA Liaison Report – CDR Dawn Clary: N/R

4.6 HSO-PAC Liaison Report – CDR Nancy Nichols : N/R, other than to say that she is no longer the HSO-PAC liaison. Need to figure out who is and solicit report from the right person.

4.7 JOAG Liaison Report – LCDR Greg Flaitz: see report attached

4.8 AFOS Liaison Report – CDR Keith Cespon: N/R

4.9 AMSUS Liaison Report – CAPT Clifford Brown: see report attached; note that a forensic optometry course will be offered, and CJ Thompson has a staff member who is certified to level 4 in this area. Suggested that he contact either Dr. Brown or Cohn regarding helping out, if he'd like to.

4.10 PHS HSO PAC Recruitment and Placement Sub-Committee Liaison– CDR

David Bellware: see attached report

4.11 FDA Optometry Report – CDR Kimberly Lewandowski-Walker: see attached report

4.12 CDC Optometry Report – Dr. Michael Duenas : N/R

4.13 GPRA Numbers - CAPT Jaworski: N/R

4.14 Billet Report – CAPT Candreva: see report attached; New proposed billets are grouped into Senior (Supervisory and Management), Advanced, Intermediate, and Basic; each of these last three has Supervisory and Non-Supervisory sub-categories. These are preliminary. An informal Ad Hoc Group worked on them via e-mail and I submitted the PHS/IHS Optometry Programs Billet revisions to LT Janisko.

4.15 Discussion of OPAG goals, projects, etc.: reiterated that the various projects we're working on all involve feeding info "up the pipe" and awaiting actions of others to provide info to come back "down the pipe". Progress ongoing but slow. No input received regarding new ideas or direction to date, but such are always welcome.

5. Career Development/Promotions/Awards

5.1 Promotions: N/R

5.2 Awards: N/R

5.3.1.1 The Lester Caplan Award recognizes a PHS tribal direct hire or PHS civil service optometrist who has demonstrated exemplary work as evidenced by a specific accomplishment(s) toward the mission of the PHS:

5.3.1.2 The Edward Hamilton Award is presented to a career USPHS Optometry Commissioned Officer who is recognized by his/her peers for outstanding work as evidenced by a specific accomplishment(s) toward the mission of the PHS.

5.3 Assimilation: N/R

5.4 Pay: 3.5% increase approved for CS this year; CO's will get the same.

5.5 Positions: CJ Thompson getting his first resident this summer. This will be IHS residency #7, affiliated with SCCO like the rest.

6 Communications: N/R

7 Meetings and Recruitment Activities

7.1 AMSUS NOV'08 in San Antonio

7.2 AAO Annual Meeting OCT '08

7.3 BOTC : N/R

7.5 AFOS : N/R

7.6 Navajo Area IHS Optometry CE Conference: coming in APR '09 (Candreva's report erroneously states APR'08).

7.7 COA coming in JUN'08 in Tucson

7.8 AOA Convention : N/R

7.9 Biennial IHS Eyecare Conference: coming in MAY'08 in Fullerton. E-mails have been sent out already by Candreva.

8 Action Items: N/R

9 OPAG Meetings

9.1 Next meeting will be 02APR2008, 1000 MST, using the same dial-in numbers and passcode unless instructions to the contrary are sent out:

1-800-770-8251 x3975
passcode 0179244

10 Attached Reports Follow...

From Candreva

ECCC Report Minutes 2008 FEB

CALL TO ORDER: 5:00 PM PST.

COMMITTEE MEMBERS (alphabetical order).

Michael Candreva: Chief Clinical Consultant for Optometry (present)

James Cox: Chief Clinical Consultant for Ophthalmology (present)

Mark Horton: Ophthalmologist (present)

Carmen Palma: Optometrist (absent)

Bill Pierre: Optometrist, Tribal Program Representative (present)

STANDING TOPICS.

OPHTHALMOLOGY UPDATE (Dr. Cox)

IHS has 11 full-time and 1 part-time Ophthalmologists serving in the Southwest and Alaska. These staffing levels are the same as last year. The Navajo Area has one unfilled position at Gallup, NM. Additional Ophthalmology positions could be developed in IHS to address unmet needs, but the problems of low population density and operating room availability limit the efficiency of full-time Ophthalmology in many Areas. Use of contract Ophthalmology has been a reasonable alternative, but when Contract Health Funds are limited “elective” eye surgery is often delayed.

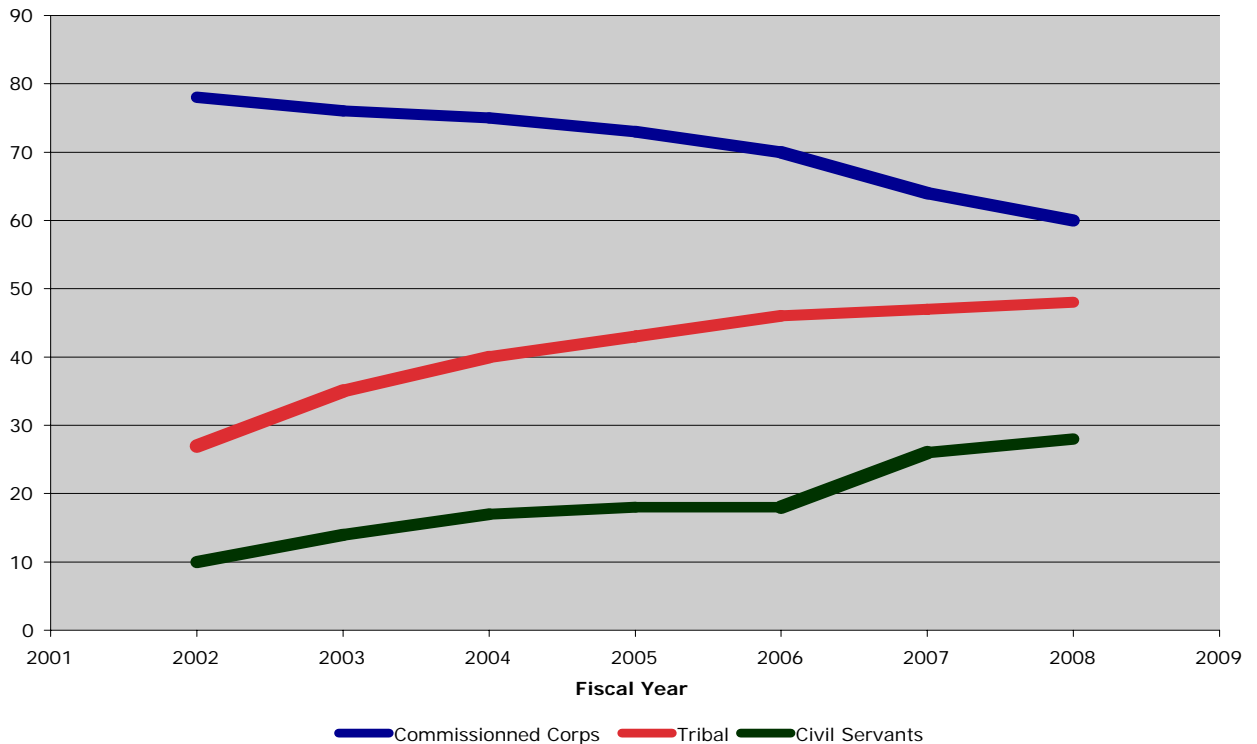
Phoenix Indian Medical Center has a new YAG on order. Three Board Certified Retinal Specialists are practicing within IHS in Phoenix Area.

OPTOMETRY UPDATE (Dr. Candreva)

Currently the IHS Optometry Program has 136 **Optometrists on duty** within 145 active IHS/Tribal/Urban (I/T/U) Eye Clinics. These include 60 commissioned officers (16 in 638 programs and 44 in IHS direct programs), 29 civil servants and 47 employees of 638 (Tribal) programs.

- Total **Vacancies** throughout FY2007 were 36; only 17 of these vacant positions were filled or closed. To date (FY'08) 22 positions remain unfilled, which amounts to 14% of the Optometry workforce.
- The average **Time to Fill a Vacancy** for these positions averaged 8.2 months in FY2007. The time has increased over the past couple of years. The reasons for this increase appear to be related to several reasons, but primarily due to the progressively greater gap in civil service pay for optometry compared with the private sector and the VA (Title 38), and insufficient IHS Loan Repayment monies for new awards.

Optometry Staffing Levels by Personnel System



- **PHS Optometry Retention Special Pay (ORSP)** initiated in FY 2005. This has helped to ease the pay disparity found between commissioned corps officers, private sector and VA, although a disparity does still exist. Among the professions that receive retention special pay, optometry is the only profession that is prohibited to participate in the IHS Loan Repayment Program (IHSLRP) concurrently with Retention Special Pay. The Office of Commissioned Corps Operations, upon request of the IHS Optometry Program, reviewed this policy early in FY2007. The opinion was to maintain the current policy interpretation of non-concurrency of IHSLRP and RSP. The above graph depicts a sharp decline in PHS Officers initiating in 2005/2006 when ORSP initiated. The aforementioned policy decision, which counters the transformation efforts, reflects in the current distribution of Commissioned Corps Optometry Officers: O-6 (46%); O-5 (31%); O-4 (18%) and O-3 (5%).
- Note a sharp increase in Civil Servants since 2006. This may be due to the fact that CS can concurrently receive IHSLRP and Recruitment/Retention Bonuses.
- The **IHS Loan Repayment Program** awarded 14 extensions and 5 new applicant contracts to optometrists. Overall, 57% of all IHSLRP recipients are still in practicing in IHS. IHSLRP is becoming more of an area of frustration for those that do not receive funding. Insufficient funding left 18 applicants unfunded. The average time from application to award for an optometry applicant is 2.6 years.

- The average educational debt incurred by an optometrist is 160K. The mean pay from the private sector is 97K; this is significantly higher than both CC (45K) and CS (46K) pays.
- Access to IHS National Eye Care data is virtually non-existent with the exception of Dilated Fundus exams for diabetics. A program goal is to increase access to eye care data.

MEETING CALENDER

Dr. Cespon represented IHS Optometry at the SECO/AFOS Meeting in 2'08.
 Navajo Area Eye Care Meeting coordinated by Dr. Richardson 4'08, Flagstaff.
(Note that this meeting will not be held in 2008; it is held in the off years for Fullerton, i.e., 2007 & 2009.)
 Biennial Eye Care Meeting to be held at SCCO May 12-16, 2008.
 Dr. Cespon to represent IHS Optometry at the AAO Meeting in 10'08.
 Dr. Brown and Dr. Cohn will be organizing the PHS ASMUS Meeting 11'08.

HISTORICAL ARCHIVE

RETIREMENTS: CAPT Andy Qualm 3'08.

SUB-COMMITTEE REPORTS

JVN – Continues to go well. Dr. Horton seeking to hire ½ time JVN reader.

ELECTRONIC HEALTH RECORD

Transitioning still occurring; many facilities are up and running successfully.
 Sharing of templates will assist those who are initiating.

DIABETES

Diabetic Fundus evaluations are still the GPRA indicator with a baseline of 49%.

NEWSLETTER

Dr. Sellers will publish next edition April 2008.

NEW CLINICAL TECHNIQUES, INSTRUMENTATION AND TECHNOLOGY

No discussion.

PERFORMANCE IMPROVEMENT

See discussion in Ophthalmology consultant report.

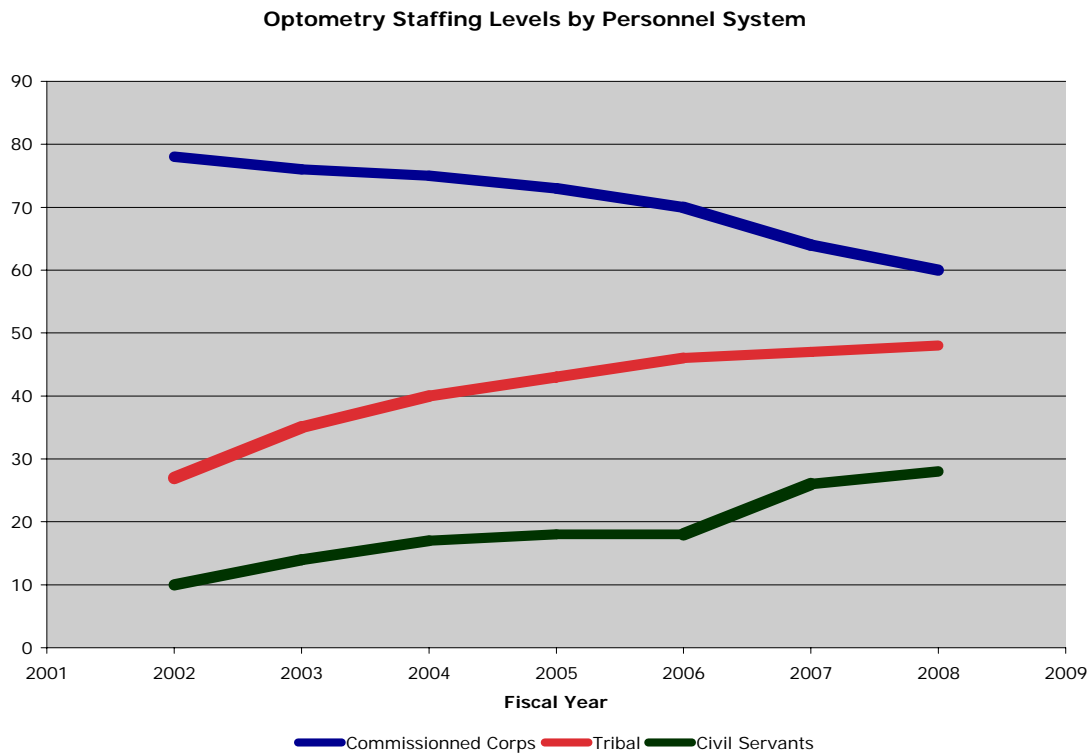
NEXT MEETING: 6'08

ADJOURN: 7:15 PM PST.

MEETING REPORT DISTRIBUTION: Indian Health Service Eye Care staff, Director, Chief Medical Officer, Office of Clinical and Preventive Service Director and Area Chief Medical Officers.

OPAG CCC Report

ORSP-IHSLRP: No changes; this will be revisited with PHS/IHS Leadership. Over the past 3-years we had a significant reduction in CC Optometrists secondary due to lack of attrition into PHS and PHS retirements.



Pay: Title-38/Special Salary rate is being reviewed by Director of IHS HR; no timeline has been put forth. This will become more imperative as the number of CS continue to increase.

Transformation: Optometry Billets were reviewed by an Ad Hoc Optometry Billet Committee (via e-mail) and were submitted to the PHS Billet Committee on 1/31/08.

Retirements: CAPT Andy Qualm, effective 3/1/08.

PHS Promotions: 3 eligible for T-06; 6 eligible for T-05; and 1 eligible for T-04.

Optometry Vacancy Rate: 13%

ECCC: See attached minutes from 2/5/08 meeting.

From Greg Flaitz:

Promotion non-recommendations

The CPO Board was asked to look at the issue of non-recommendations for promotion across the categories. Currently, a promotion board can either give an officer a recommendation or non-recommendation for promotion, and there has been great variability between categories for non-recommendations. For example, one category's board might give a non-recommendation for poor performance, and another category board might give a non-recommendation for an outdated CV. The goal was to standardize the use of non-recommendations across the categories. The main concern is that a non-recommendation has serious implications for separation from the Corps, and, under the current policies, would require review by a retention board.

The CPO Board proposed a middle ground, where a promotion board could state that an officer was not ready for promotion without giving a non-recommendation. The CPO Board's comments were provided to OCCO, and although this is still a draft proposal, it is possible that this will be implemented for the upcoming promotion cycle.

Transformation update

- Transformation update letter on the CCMIS website (<http://dcp.psc.gov/>)
- Some officers in OCCO have been reassigned to work on recruitment of new officers to meet the 6600 projected goal. Although the group meets daily, this "Operations Center" will be in full steam in January.

2007 Assimilation

The 2007 Assimilation package is being processed. Officers are receiving orders in their files. There are currently 2728 Regular Corps officers in PHS, and the ceiling is 2800. There is an effort to secure more Regular Corps slots because of the projected increase in the Corps to 6600 officers.

New Business

- a. COER Redesign Workgroup (LT Merel Kozlosky, Dietitian Category)
 - The COER Redesign Workgroup is led by CDR Maureen Cippel of OCCFM and consists of approx 10 officers representing various ranks, agencies, and categories. The Workgroup met a total of five times between September and November in a workshop format with everyone attending in person to facilitate actively working on drafts of a redesigned COER.
 - The proposed redesign is based on the assumption that the primary purpose of this effort is to design a COER (instrument and delivery system) that will provide accurate ratings of officer performance that can be used in a variety of human capital management efforts (e.g. training, career development, and assignments).
 - The COER redesign includes a new competency model (based on a review of competencies used in other uniformed services and in the civil service), behaviorally anchored rating scales, specific examples of performance for each rating, and expanded rater training.
 - One of the issues the COER redesign is addressing is rating inflation. A review of the 2004 COER ratings shows that 78% of scores were E's; in other words, over three-quarters of ratings occurred in the top one-fifth of the rating range.
 - The next steps for the COER redesign include having the senior leadership, CPOs, and PAC Chairs review the draft that was produced by our workgroup. Potentially, the new COER will be pilot tested during the 2008 COER cycle and will be implemented for the 2009 COER cycle.

If you have any concerns or questions related to the COER redesign, please feel free to contact LT Merel Kozlosky at kozloskym@cc.nih.gov or CDR Maureen Cippel in OCCFM

Recruitment & Retention (R&R): LCDR Jessica Feda

The Recruitment and Retention Committee met on November 14th at 1130-1230 EST. The next meeting is January 9th 2008 at 1130-1230 EST. The call-in number is: 866-745-4489 and passcode 6338981

HSO Category: LCDR Rhondalyn Cox

HS-Liaison Report

- HS PAC meeting on 7 December was abbreviated due to the Holiday Luncheon
 - RADM Shekar was invited to provide an update on Progress of Corps Transformation.
- The new HS PAC Chair was announced and welcomed – CDR Brad Austin
 - New PAC members for 2008-2010 were announced
- HS-PAC Chair Chat Newsletter has been sent via the listserv. Look for the posting online.
 - This issue highlights the following objectives set by the PAC Chair
 - Continuing the good work of the subcommittees and PAGs in providing tangible services
 - Emphasize commitment to Transformation process
 - Actively working with CPO
 - Increasing awareness of the evolving transformation process
- Minutes from previous meetings are available on the website: <http://usphs-hso.org/pac/minutes.shtml>

Don't forget! HS Category Pride items such as t-shirts and hats are available at <http://www.cafepress.com/healthservice>

**Next Regular JOAG Meeting:
Friday February 8, 2008
1300-1500 Hours**

From Chuck Jaworski:

National Eye Institute (NEI)

Vision Research

The NEI supports research and health information dissemination with the goal of protecting and prolonging the vision of the American people. Examples of such activity that may be of interest include, but are not limited to:

- Epidemiological studies to determine the prevalence and possible risk factors of eye diseases and disorders among AI/AN populations;
- Basic research studies into the causes and mechanisms of eye diseases and visual impairments in AI/AN, research into disparities in access to ophthalmic/optometric health services; and,
- Development and evaluation of culturally appropriate health education and intervention.

From Dave Bellware:

Larry,

I have 5 HSO applicants that I am working to place. However, only three of them are Optometrists. Of those three, two are prior service (ARMY) and one of the prior service applicants is a CS IHS Optometrist, who is in the process of converting to CC.

I have a request out to receive info about any "IHS Payback" students that will be graduating this year. If I receive this info prior to departing today, then I will forward it to you to report as well. I will be on travel all of next week for the National Combined Councils Meeting .

Dave B.

From Kim Lewandowski-Walker

FDA Report: Office of Regulatory Affairs at FDA posted positions on USAJOBS Tuesday night. (They should be on FDA Jobs very soon.) We are looking to hire about 235 employees and I hope at least 50% will be CC officers. This is the announcement number CSO (Field) HHS-FDA-5-2008-0028 . All active duty commissioned Corps Officers in all Agencies will be considered for the positions. If any commissioned corps officers would like to speak to a Commissioned Corps optometrist working at FDA, they can contact CDR Kimberly Lewandowski-Walker at kimberly.lewandowski-walker@fda.hhs.gov.

Kim

From Cliff Brown

The AMSUS meeting, to be held in San Antonio, TX in Nov/08 could be of interest to many OD's. Dr Cohn and I are putting together a course, hopefully complete with a certification, to train OD's as forensic optometric physicians. Since we as OD's must often collect clinical data on patients after they have sustained assaults and been involved in accidents, the thought is to do the job well so that we can be prepared should we be called by the legal system to testify. No one likes to make mistakes under those conditions, so it is better to be prepared than to find out later that we could have helped our patient if we had only done that one test Several expert speakers will be instructing the attendees, and I expect that many different professions will be interested in the forensic approach to patient care. For some of you, this might be an intriguing adjunct to your career in Optometry.

For more details, contact Dr Cohn or myself.

Clifford Brown, OD

From Mike Candrea

AOA Federal Section Chiefs Meeting

1/18/2008

Attendees: Dave Danielson, AOA Government Liaison, LTC Donovan Green (Army), MTC David Hilber (Army), John Townsend (VA), COL Neil Glenesk (Army), MAJ Gary Hughes (Army), Steve Sem (AFOS),

CAPT Andrew Engle (Navy), CAPT Michael Pattison (Navy), LT COL Ray Santullo (Air Force), CAPT Lee Cornforth (AFOS, President) and CAPT Michael Candreva (PHS/IHS)

Navy (CAPT Michael Pattison, OD): The Navy is having more Optometrists going into leadership roles. The first Navy OD put on a star. The Navy is experiencing a 94.7% retention rate. Health Professions Loan Repayment Program (HPLRP) was lost second to high retention rates. Overall Navy Optometrists did not fair to well on promotions. The Navy has had numerous successful missions in FY'07.

Air Force (LCOL Ray Santullo, OD): The Air Force has 133 assigned Optometrists. They staff 74 clinics and are responsible for 1.5M beneficiaries. In FY'07 they co-managed 11,000 refractive surgeries, 272,000 visits and 371,500 optical devices. 88 optometry intern rotations were completed at 32 clinics. 13 optometrists deployed along with 8 technicians. They performed 4,201 patient encounters and 2,471 pairs of spectacles were dispensed. In FY'07, 8 Health Profession Scholarship Program (HPSP) students completed Optometry School and entered the Air Force on duty. Air Force Optometry Retention bonus is on hold secondary to high accession rate. The Air Force experienced 20 Military to Civil Service conversions in FY'07. Promotions rates for Optometrists were weak secondary to lack of command experiences.

Army (COL Neil Glenesk, OD): The Army had 121 Optometrists on active duty at year's end. Another 48 optometrists serve in the Army Reserve and 18 in the National Guard. Army Optometrists serve in 76 locations and 9 countries. Retention in the Army remains strong; over the past year accessions have equaled retirements. This past summer 10 HPSP students completed Optometry School and entered the Army on duty. Also 17 of the Army's current Officers were selected to receive the Health Professions Loan Repayment Program (HPLRP) for active duty. In 2008 14 more HPSP graduates will join ranks. In 2007 Army deployed its first Optometry teams. These Teams consist of 2 optometrists, 2 ophthalmic technicians, and 2 optical fabrication specialists. To date, over 80 Army Active Duty, Army reserve, and National Guard Optometrists have served in Iraq or Afghanistan. In all, over 50% of Active Duty optometrists have deployed during their career to a combat zone.

PHS/IHS (CAPT Michael Candreva, OD): IHS FY'07 closed with a total of 137 Optometrists working in 145 active Eye Clinics. These consist of 64 Commissioned Officers, 48 Tribal and 26 Civil Servants. Also, 2 Optometrists are currently serving in administrative roles at IHS Headquarters and 3 in the FDA. Total vacancies for FY'07 were 36; 17% of these vacant positions were filled or closed and 19 positions remained unfilled. The average time to fill vacant positions in FY'07 increased to 8.2 months. PHS Optometrist fared well in PY'07 promotions. Optometry Retention Special Pay (ORSP) continues for PHS Optometrists but is prohibited to run concurrent with IHSLRP. Civil Service and Tribal Optometrists are eligible for both, however Civil Service is in need of a special salary rate in order to decrease pay disparities. In FY'07 IHSLRP funded 19 Optometrists and IHSSP funded 3 Optometry students. 12 Optometry schools rotated 125 interns and 6 Residents through I/T/U Eye Clinics.

VA (John Townsend, OD): 517 OD's (366 -FT, 140 PT and 11 intermittent). Growth from approximately 275 in FY'00 to 517 in FY'07 (81% increase). Over 1.2M patients visits occurred in FY'07 for Optometry VA. 109 VA facilities provide internships to approximately 800 students. 63 VA optometry residency programs account for about 50% of the Professions residency training. VA offers 4 Optometry Fellowships (2-year post-residency training). VA expects an increased demand for 1.16M Eye Clinic Visits by 2015. VA is getting involved in Polytrauma Rehabilitation for TBI eye care and vision rehabilitation services.

2008 Items of Interest

- Special Pay – Military, PHS/IHS, VA
- New Civil Service Pay Tables
- Definition of OD fro Federal Service purposes
- Federal DEA number
- TBI/Vision/Center of Excellence
- 1-800-Contact and APO address “exemption”
- ASCO extern SIG, report on externs

- Navy MSC 2-star
- Legislation for AF BSC star