

# OMIC DIGEST

Ophthalmic Risk Management Digest

## Coordination of Care with Optometrists

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As the population of the United States ages, there is an increasing need for ophthalmic services. To meet this growing demand, ophthalmologists are relying on coordinated care with optometrists (ODs) and creating new delivery models for providing care. While physicians have always worked with other health care providers to render needed care, patients are increasingly accessing eye care initially through optometrists. A shared or coordinated care approach is evolving that utilizes the skills of optometrists and ophthalmologists in an efficient and effective manner. There are a variety of shared care models in use, some in which practice entities employ both optometrists and ophthalmologists and others in which the ophthalmologist employs the optometrist.

This issue of the *Digest* discusses the risk issues associated with the integration of patient care between ophthalmologists and optometrists. Specific liability issues associated with coordinated care models, including how your OMIC coverage will respond in the event of an allegation or claim and the use of ODs to provide after-hours call and ER coverage, are addressed. Some of the information provided focuses on the optometrist's independent and different scope of practice and the need for careful credentialing, training, and supervision. OMIC offers a variety of risk management resources to help insureds develop protocols for coordinated care, including recommendations for assessing competency and assigning responsibilities to optometrists. The goal is to provide care that is in the best interest of the patient and reduces the risk of a professional liability claim.

Whether the ophthalmologist employs optometrists in his or her practice, sets up an independent contractor relationship with them, or simply refers/receives referrals from an OD, coordinated surgical care (or comanagement) requires special considerations before being initiated. Professional medical organizations, government entities such as the Centers for Medicare & Medicaid Services, state medical boards, and OMIC all agree that the surgeon is responsible for preoperative and postoperative care. The American Academy of Ophthalmology (AAO) and the American Society of Cataract and Refractive Surgeons (ASCRS) have stated that sharing care for surgical patients should not

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### MESSAGE FROM THE CHAIRMAN



In this issue of the *Digest*, we review the patient safety and professional liability risks that arise when care is coordinated with optometrists and provide suggestions for minimizing these risks. OMIC's concern comes from the fact that we provide direct professional liability coverage to some 300 optometrists employed

by OMIC insured ophthalmologists and cover vicarious liability exposure for approximately 35% of OMIC's 4,200 insureds who employ or contract with an optometrist.

OMIC believes that ophthalmologists and optometrists generally work well together to the benefit of patients. However, to maximize patient safety and minimize professional liability risks arising from MD/OD collaboration, we strongly recommend that the optometrist's role be defined in terms of conditions he or she can manage independently, conditions requiring consultation with an ophthalmologist, and conditions requiring management by an ophthalmologist. To assist our insureds, OMIC has developed comprehensive risk management guidelines and protocols recently published as "Coordinating Care with Optometrists." With these risk management

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# Eye on OMIC

## OMIC

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## OMIC Reduces Premium Rates and Issues 2011 Dividend

Following another year of superior operational and financial performance, OMIC will implement a rate decrease and dividend credit for policyholders during 2011. For more than five years, OMIC has experienced a sustained decrease in the number of reported malpractice liability claims. Current levels are approximately 15% below the peak in 2003.

As a result of these favorable trends, OMIC's Board implemented a series of actions to return premium collected from policyholders that was above what was needed to prudently operate the company. OMIC continued its substantial dividend program with credits of 5%, 11%, 20%, 5%, and 10%, respectively, between 2005 and 2011. In addition, OMIC reduced premium rates by a cumulative average of nearly 25% across the country during the same period.

Few carriers in America have matched OMIC's consistent reduction in insurance-related costs for ophthalmologists. There are several reasons for this: a higher than average claims defense "win" rate and indemnity payments that average 25% lower than multispecialty carriers; educational alliances with virtually every ophthalmic society in America resulting in a risk management participation level that is one of the highest in the industry; and a vigorous selection process for OMIC eligibility.

## Rates Adjusted to Reflect Claims Trends

After careful actuarial analysis of claims reported during the past decade, OMIC will adjust premium rates to better reflect claims activity. Because OMIC has experienced fewer large losses than anticipated, rates for liability limits above \$1,000,000 per claim will be reduced commensurately, while rates for lower limits will increase slightly. Minor adjustments will be made to the claims-made maturity factors, and rates for Surgery Class 2 (Limited Surgery) will be reduced. Rates for employed optometrists will decrease, as detailed in **Policy Issues**.

While claims trends remain favorable overall, claims activity against entities is rising. As a result, rates for medical entities, including sole shareholder corporations insured at separate liability limits, will increase from 5% of underlying premium to 9.5% in 2011. Coverage at shared limits will continue to be offered to qualified entities without charge.

## OMIC Insurance Center

OMIC will present several risk management courses at this year's AAO/MEACO annual meeting in Chicago. More information is listed in the **Calendar of Events** and online at [www.omic.com](http://www.omic.com). Visit the OMIC Insurance Center in booth 2957 of the exhibit hall in McCormick Place South to consult with OMIC representatives regarding policy and coverage questions, rate and dividend information, and ancillary business coverage.

## Message from the Chairman

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guidelines, ophthalmologists will be able to develop written policies and procedures in compliance with their respective state laws and other office policies. This document may be found at [www.omic.com/resources/risk\\_man/recommend.cfm](http://www.omic.com/resources/risk_man/recommend.cfm).

OMIC regularly reviews and updates its underwriting requirements and risk management guidelines to keep current with changes in the education and scope of practice of optometrists. Areas of concern recently addressed by OMIC and described in the coordinating care document are risks that arise when optometrists are involved in after-hours care and ER coverage. These risks are increasing as more ophthalmology practices expect their

employed or contracted optometrists to see patients after-hours and triage calls from the ER. The practice must have a protocol in place to address situations that optometrists cannot handle independently. If a practice is in a call group, it must also determine whether the other practices in the call group have their own employed/contracted optometrists taking call. If so, it is important that these practices also have a protocol in place to address the role of optometrists on call.

As coordination of care with optometrists increases, we want our policyholders to know that OMIC is supportive of comanagement so long as it is in the best interests of the patient and is carried out in a manner that minimizes unnecessary exposure to claims.

**Richard L. Abbott, MD**  
OMIC Chairman of the Board