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**Comanagement of surgical patients**

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**Purpose of risk management recommendations**

OMIC regularly analyzes its claims experience to determine loss prevention measures that our insured ophthalmologists can take to reduce the likelihood of professional liability lawsuits. OMIC policyholders are not required to implement risk management recommendations. Rather, physicians should use their professional judgment in determining the applicability of a given recommendation to their particular patients and practice situation. These loss prevention documents may refer to clinical care guidelines such as the American Academy of Ophthalmology’s *Preferred Practice Patterns*, peer-reviewed articles, or to federal or state laws and regulations. However, our risk management recommendations do not constitute the standard of care nor do they provide legal advice. Consult an attorney if legal advice is desired or needed. Information contained here is not intended to be a modification of the terms and conditions of the OMIC professional and limited office premises liability insurance policy. Please refer to the OMIC policy for these terms and conditions.

**Version 7/9/18**

Some ophthalmologists share care of ophthalmic surgery patients with community optometrists or optometrists within their practice. There are patient safety and liability risks associated with surgical comanagement, whether it takes place within a practice or outside of it. Our risk management recommendations are based upon OMIC claims experience. They also incorporate the conditions for safe comanagement that are detailed in “Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care,” the position paper published in 2016 that was signed by over 60 eye care societies.[[1]](#footnote-1) For the sake of brevity, we will refer to ophthalmologists as EPSs (eye physicians and surgeons) and optometrists as ODs.

# Principles that inform our recommendations

* **The EPS** leads the eye care team and personally determines the need for surgery, what surgery to perform, and when the patient is stable enough for comanagement. The EPS also obtains informed consent for the surgery and for comanagement.
* **The patient** has the right to receive treatment from the EPS at all stages of care, understands which aspects of care will be provided by the comanaging OD, and consents to the planned comanagement.
* **The OD** agrees to contact the ophthalmologist as needed about complications and patient concerns, and assumes responsibility and liability for comanaged postoperative care.

# **Recommendations: Implement the CGC safeguards**

**Use the hyperlink to see more information about a recommendation. To go back to where you were in the document when using a PC, press Alt+left arrow.**

* [Determine the reason for comanagement.](#_Determine_the_reason)

* [Credential the comanaging OD.](#_Credential_the_comanaging_1)

* [Perform an independent preoperative evaluation.](#_Perform_an_independent)

* [Obtain informed consent for comanaged surgical care.](#_Obtain_informed_consent)

* [Determine when the patient’s care may be safely delegated.](#_Determine_when_the)

* [Communicate with the comanaging OD.](#_Communicate_with_the)

* [Comply with federal and state laws and regulations, and coding/billing rules.](#_Comply_with_federal/state)

# Determine the reason for comanagement

# Comanagement must be clinically appropriate. Reasons for comanagement include patient prerogative, the patient’s inability to return to the surgeon’s office, a change in postoperative course, or the surgeon’s unavailability.

# Credential the comanaging OD

Sometimes postoperative care is relatively routine in nature. At other times, the patient may require advanced medical or surgical treatment on an urgent or emergent basis that can only be provided by an EPS. To protect the patient, confirm that the comanaging OD is:

* Qualified to comanage surgical patients
* Knowledgeable about the complications associated with each type of comanaged surgery
* Prepared to contact the EPS about complications or delayed healing, and to immediately transfer care of the patient to an EPS should the need arise
* Committed to honoring patient requests to obtain care from the EPS
* Legally able to comanage surgical patients

EPSs would be well advised to develop written protocols that address the components and timing of postoperative visits as well as examples of when the OD should contact the EPS.

# Perform an independent preoperative evaluation

The operating surgeon needs to determine candidacy and choose the procedure and type of anesthesia. EPSs have been sued for not personally performing exams that are key to decision making. For example, a dilated eye exam may be needed to rule out contraindications or to ascertain ocular comorbidities that could impact the visual outcome.

Both ODs and EPSs refer patients for ophthalmic surgery. They often perform exams and order studies and tests before referring the patient. While the surgeon does not need to repeat all of the exams and tests done prior to referral, she does need to review the results of tests and studies done by the referring OD or EPS. For example, EPSs have been sued when they did not review topography or OCT results that could have influenced the choice of procedure.

Occasionally, EPSs meet the patient for the first time on the day of the surgery. Our claims experience shows that juries understand this **if** the procedure is deemed urgent or the patient lives at a considerable distance from the surgeon. It is more difficult to defend EPSs when their practice is near the patient’s home, or they perform elective surgery such as cataract or refractive procedures the day they first meet the patient. EPSs need to take steps in advance of the surgery to ensure patient safety. For example, the EPS could review medical records, talk to the patient on the phone, and send the patient the informed consent document and preoperative instructions. On the day of surgery, the EPS needs to confirm the patient’s candidacy and obtain informed consent for the procedure and comanagement.

# Obtain informed consent for comanaged surgical care

Patients need to know which care will be delegated to a comanaging OD. They must be informed that they may contact the EPS and return to him for care at any time. OMIC advises EPSs who comanage with community ODs to ask patients to sign a [consent form](#_Consent_for_planned) for comanagement. EPSs who comanage with ODs in their own practice should obtain oral consent and document the patient’s agreement in the medical record. Ophthalmologists in Florida should use the [FL comanagement consent form](https://www.omic.com/tips/alert-change-to-florida-co-management-law-mandates-new-informed-consent-requirements/) to meet the requirements of state law.

# Determine when the patient’s care may be safely delegated

Planned comanagement should only occur when the patient is stable. The EPS must perform a post-procedure evaluation to evaluate the patient’s condition. The EPS might determine that it is safe to transfer care to a community OD right after surgery if the surgery proceeded as expected, and the patient is healthy and has no concerns about the surgery. Conversely, the EPS may judge that she should provide the postoperative care for a longer period if the patient has significant medical or ocular comorbidities, or experienced complications during surgery. When the patient’s care may be safely delegated, the EPS should give the patient written postoperative care instructions, and send the comanaging OD pertinent medical records.

# Communicate with the comanaging OD

The EPS should share relevant clinical information and medical records with the comanaging OD. Examples of such information include ocular or medical comorbidities that might impact the healing and outcome, perioperative complications, signs or symptoms the EPS wants reported back, etc. Lines of communication between the EPS and OD should be kept open during the entire postoperative period, and all contact with the OD should be documented in the medical record. Ophthalmologists in Florida should use the [FL care transfer letter](https://www.omic.com/tips/alert-change-to-florida-co-management-law-mandates-new-informed-consent-requirements/) to meet the requirements of state law.

# Comply with federal/state laws and regulations, and coding/billing rules.

There are many laws, regulations, and policies governing surgical comanagement. These include federal anti-kickback and Stark laws and state laws concerning fee splitting and patient brokering. Financial compensation for comanagement must be transparent, and consistent with billing and coding rules. We advise EPSs to consult their practice attorneys for more information about these laws and rules.

Comanagement of ophthalmic surgery patients can be safe and defensible if the eye care team works together. Implementation of the “Comprehensive Guidelines for Co-Management” and these risk management recommendations can greatly reduce the patient safety and professional liability risks.

**Need confidential risk management assistance?**

OMIC-insured ophthalmologists, optometrists, and practices are invited to contact OMIC’s Risk Management Department at (800) 562-6642, option 4, or at [riskmanagement@omic.com](mailto:riskmanagement@omic.com).

# Consent for planned comanagement after eye surgery

**Patient Name:**

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of surgeon) will be performing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type of surgery)on me. Because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state reason), I would like Dr. \_\_\_\_\_\_\_\_\_\_ (name of comanaging optometrist) to perform my postoperative follow-up care. I have discussed this postoperative selection with my surgeon.

I understand that my comanaging optometrist Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of comanaging optometrist) will contact my surgeon immediately if I experience any complications related to my eye surgery.

**I understand that I may contact Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of surgeon) at any time after the surgery.**

Patient: Date:

1. “Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care” August 26, 2016. Available at <https://www.aao.org/ethics-detail/guidelines-comanagement-postoperative-care>. [↑](#footnote-ref-1)