

**Coordinating Care with Optometrists within a Practice**

**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.

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Many OMIC insureds employ optometrists in their practices. While optometrists are independent practitioners, differences in education and legal scope of practice must be considered in order to comply with state laws and provide safe care. This document will address some key issues.

For a discussion of surgical comanagement, please see [Comanagement of Surgical Patients](https://www.omic.com/comanagement-of-surgical-patients/).

# OMIC coverage issues

In order for coverage to extend to an OMIC-insured ophthalmologist or group for vicarious liability arising from services rendered by an employed or contracted optometrist, the optometrist must be acting within the scope of his or her licensure, training, and professional liability insurance coverage. Coverage may also apply directly to the optometrist if he or she is named in the insured ophthalmologist’s or group’s Policy Declarations. As in the case of vicarious liability coverage, the optometrist must be acting within the scope of his or her licensure and training. In addition, the optometrist must also be acting within the scope of his or her employment by the insured ophthalmologist/group. Furthermore, OMIC-insured optometrists who take call are required as a condition of coverage to abide by a written [Protocol](#_Protocol_for_optometrists) and have appropriate backup as described below.

# The optometrist’s role in patient care

Patient care handled by ODs fall into three categories.

1. Independent care allowed by the state in which the optometrist is licensed;
2. **Diagnosis and treatment of more complex eye conditions by optometrists with additional types of training and certification.** Note:Some states may require the optometrist to consult with an ophthalmologist in certain situations; and
3. Patients with diseases or findings that fall outside the first two categories. These case must be transferred to an ophthalmologist. When the referring optometrist is within the insured’s practice, the ophthalmologist may allow the OD to continue care, but only if the ophthalmologist assumes direct supervision of the optometrist and responsibility for the overall management of the case.

Scope of practice laws vary from state to state, and may even vary within a state from one provider to another based upon the optometrist’s Diagnostic or Therapeutic Pharmaceutical Agent (DPA or TPA) certification status. The practice must assess whether each employed or contracted optometrist has the legal authority to treat certain patients and/or take call. Optometrists who exceed their legal scope of practice would be subject to potential licensure action, and the ophthalmologist might be subject to disciplinary action.

The fact that an activity legally falls within the optometric scope of practice in a given state is not, on its own, assurance that it is appropriate to allow a particular optometrist to handle the situation or participate in after-hours call. Members of the practice must be confident that the possesses the adequate training, skills, and experience to accurately diagnose and treat the conditions that are likely to be presented, as well as the willingness to seek advice from an ophthalmologist whenever necessary. If the handling the patient’s care lacks the proper qualifications, misdiagnoses, delays in diagnosis or treatment, or other medical mishaps may result in patient harm and professional liability claims.

# Credentialing, protocols, and backup

OMIC recommends that all practices that work with optometrists (whether employees, independent contractors, or participants of a call group) have a written [Protocol](#_Consent_for_planned). **OMIC requires such a protocol as a condition of coverage if the optometrist handles after-hour calls.** All members of the practice should be given the opportunity to review and comment on the proposed protocol before it is adopted. Once implemented, the protocol should be reviewed and updated on a regular basis. Key elements of the protocol include:

* Credentialing
* Role during office hours
* After-hours call
* Emergency Department call
* Ophthalmologist back up

# After-hours care

Just as during office hours, written policies and protocols are needed to ensure that care provided by optometrists after-hours is delivered safely and in accordance with state law. After-hours calls are inherently risky for all involved, as treatment decisions are based solely upon information exchanged during the patient-provider conversation, often without the benefit of medical records, photographs of the problem at issue, or video examinations. The risk is heightened when optometrists encounter situations they cannot manage independently, or have had no prior interaction with the patient.

# Special considerations regarding emergency room coverage

Providing on-call coverage to a hospital emergency room (ER) is the riskiest type of telephone care. Patients who present to the ER are likely to have serious, vision-threatening conditions that require services that exceed the expertise and/or legal scope of practice of an optometrist. Optometrists typically do not have hospital privileges, and are usually not designated by the facility as able to take ER call or conduct EMTALA-compliant medical screening examinations. If optometrists do not have such privileges, ER call is not appropriate. Practices should carefully consider these risks and regulations before delegating ER call to optometrists, and call OMIC’s confidential Risk Management Hotline for assistance. For additional information on EMTALA and on-call responsibilities, see [EMTALA Overview and On-Call Duties](https://www.omic.com/emtala-emergency-medical-treatment-and-active-labor-act/).

# Protocol for optometrists at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ practice

**1. Optometrist’s education, licensure, and certification**

* Dr. \_\_\_\_\_\_, who is a \_\_\_\_\_\_\_(employed optometrist, independent contractor, community optometrist), received his/her Degree of Optometry from \_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_. [Add any fellowship or additional training in \_\_\_\_\_ from \_\_\_\_ on \_\_\_\_\_.] Confirmation of the diploma and training are on file.
* The laws in the state of \_\_\_\_\_\_\_\_ that govern optometric practice can be found [in Appendix A or give web address and date accessed].
* Dr. \_\_\_\_\_\_\_ is licensed as an optometrist [and certified for therapeutic optometry]; his/her license number is \_\_\_\_\_\_\_\_, and is valid until \_\_\_\_\_\_\_. He/she also has a DEA license \_\_\_\_\_\_\_\_\_ valid until \_\_\_\_\_\_\_. Copies of the licenses and certifications are on file.
* The laws and regulations require consultation with an ophthalmologist under the following circumstances: [insert a copy of this section of the Optometry Practice Act or regulations].
* The laws and regulations require transfer of care to an ophthalmologist for management under the following circumstances: [insert a copy of this section of the Optometry Practice Act or regulations].
* Dr. \_\_\_\_\_\_\_\_ has professional liability insurance for \_\_\_\_\_\_\_\_\_\_\_ (state limits) with \_\_\_\_\_\_\_\_\_\_\_\_\_ (state company). A copy of the declarations page of the policy is attached.

**2. Optometrist’s role during office hours**

Our patients have conditions that fall into three groups:

* Patients who can be managed independently by the optometrist according to the scope of practice for optometrists in our state.
	+ Examples include but are not limited to [give a few examples].
* Patients whose condition requires a consultation with an ophthalmologist.
	+ Examples include but are not limited to: [give a few examples].
		- The optometrist will inform the patient of the need for the consultation, and document his/her own examination of the patient and communication with the ophthalmologist.
		- The ophthalmologist will then document his/her examination of the patient and any communication to the optometrist.
* Patients whose condition requires management by the ophthalmologist.
	+ Examples include but are not limited to: [give a few examples].
	+ The optometrist will inform the patient of the need for the ophthalmologist to take over care, and document his/her examination of the patient and communication when transferring care to the ophthalmologist.

The optometrist’s responsibilities in the practice include:

* [list responsibilities]

**3. Optometrist’s role in after-hours call**

* After-hours, our practice takes call for [our own patients, our call group which includes \_\_\_\_\_\_\_, etc.]
* When patients call the office after hours, they [are given instructions on how to contact the on-call optometrist or ophthalmologist, are forwarded to an answering service, etc.]
* While covering call, the optometrist will follow the same guidelines as during office hours, as noted above.
* The optometrist will take primary call for [our practice only, our call group only, etc.]
* At all times, an ophthalmologist [from our practice, from our call group] will be available by phone for consultations. If necessary, the ophthalmologist is available to examine and treat the patient.
* The optometrist will use the “After-hours contact form” (**on following page**)to document the conversation. He/she will transmit a paper or electronic version to the patient’s ophthalmologist.
* The ophthalmologist will review the form when next in the office.

**After-hours/on-call telephone contact**

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/time of call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OD/Ophthalmologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Chief complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progression (circle one): Improving Stable Worsening

Vision (circle one): Stable Decreased

Pain (circle one): None Mild (0-3/10) Moderate (4-7) Severe (8-10)

Related symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent tests/procedures/surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous phone calls or visits to other healthcare professionals about this or related complaints:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other significant ocular/medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advice or instructions given/treatment or medication ordered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above information provided to primary MD/DO (MD/DO who is being covered):

MD/DO name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/time information communicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-call MD/DO/OD signature/initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.