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**Coordinating Care with Optometrists within a Practice**

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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.

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OMIC policyholders report on renewal applications that they are increasingly incorporating optometrists (ODs) into their practices. While optometrists are independent practitioners, there are differences in education and legal scope of practice between eye physicians/surgeons and ODs, as well as different scopes of practice among traditional optometrists and those with therapeutic certification. All these differences must be respected 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 situations handled by ODs fall into three categories. The first category includes those types of care that their state-defined legal scope of practice allows optometrists to provide independently. In the second category, optometrists with additional types of training and certification are able to diagnose and treat patients with more complex eye conditions. Depending upon state law, these “therapeutic optometrists” may be required to consult with an ophthalmologist in certain situations. Finally, there are patients with diseases or findings that fall outside the first two categories. The care of such patients needs to be transferred to an ophthalmologist for diagnosis or management. Within a given practice, when protocols are in place and appropriately followed, care may at times be continued by the optometrist under the direct supervision of the ophthalmologist who then assumes responsibility for managing 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 needs to assess whether each employed or contracted optometrist has the legal authority to treat certain patients and/or take call. Should an optometrist exceed his or her legal scope of practice, not only would he or she be subject to potential licensure action, but the ophthalmologist might be subject to disciplinary action as well.

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 optometrist 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 optometrist handling the patient’s care lacks the proper qualifications, costly misdiagnoses, delays in diagnosis or treatment, or other medical mishaps may result.

# **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**

There are several types of after-hours calls that optometrists may be asked to handle. Some practices ask their employed or contracted optometrists to help manage their own after-hour calls. Other practices participate in call groups that include optometrists from other groups. After-hours calls are inherently risky for all involved, as treatment decisions are based solely upon information exchanged during the patient-provider conversation, without the benefit of medical records or examinations. In addition, the lack of an established physician-patient relationship when covering new patients in after-hours call situations creates additional risk. These risks are heightened when optometrists take call, as there are many situations which they cannot independently manage. Just as during office hours, written policies and protocols are needed to ensure that care provided after-hours is delivered safely and in accordance with state law.

# **Special considerations regarding emergency room coverage**

Providing on-call coverage to a hospital emergency room (ER) is the riskiest type of telephone care. First, patients who present to the ER are likely to have more serious, vision-threatening conditions than those who call the office during and after hours. These patients are also more likely to require services that exceed the expertise and/or legal scope of practice of an optometrist. Moreover, physicians who serve on-call to the ER must comply with both state law governing emergency care as well as the federal law known as EMTALA—laws with which optometrists may not be familiar. Optometrists do not usually have hospital privileges and are usually not designated by the facility as able to take ER call (and if they do not have such privileges, ER call is not appropriate) or conduct EMTALA-compliant medical screening examinations. 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/).

Optometrists are valuable members of the eye care team. The ophthalmologist, optometrist, and group working together can provide safe, efficient care. OMIC-insured ophthalmologists, optometrists, and practices are invited to contact OMIC’s Risk Management Department for assistance at (800) 562-6642, option 4, or at riskmanagement@omic.com.

# **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_