SILETZ COMMUNITY HEALTH CLINIC POLICY

OPTOMETRY

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PART 9
Optometry Clinic

I. PURPOSE

To establish standards of operation for the Optometry Clinic including priority of care, staffing responsibilities and provision of services.

II. POLICY

It is the policy of the Siletz Community Health Clinic (SCHC) to provide eye care to meet the highest standards in quality, scope, accessibility and timeliness that is expected in any sector of our nation.

III. PERSONNEL

A. Optometrist

Requirements and duties listed under job descriptions.

B. Optometry Assistant

Requirements, duties, and physical demands listed under job descriptions.

C. Credentials

The optometrist is credentialed, appointed, and privileged by the Siletz Tribal Council upon recommendation of the Executive committee.

D. Continuing Education

Optometrist must meet the continuing education requirements of the licensing board to qualify for relicensure and satisfy local medical staff requirements, as appropriate.

E. Personnel Policy Manual

All optometry clinic employees must be in compliance with the CTSI Personnel Manual.

F. Employee Personal Appearance

Optometry employees provide direct patient care therefore personal appearance should

always be professional. Dress options are clean, pressed shirt/blouse, slacks or dresses. No hats, sunglasses, or open-toe shoes should be worn. Non-ripped jeans, t-shirts, and sweatshirts are only allowed on casual Friday or when allowed by the CTSI general manager.

IV. EYECARE PROGRAM

A. Eligibility

SCHC registered patients are eligible for optometry services.

B. Benefits

1. Allowed benefits for exams, glasses, and contact lenses vary depending on PRC, direct eligibility or type of insurance coverage.

2. An exam is provided as often as needed to PRC and direct eligible patients.

3. For eyeglasses and contact lenses, PRC eligible patients may have benefits available (see Purchased/Referred Care Policy).

    a. When it appears the demand will exceed budgeted resources, services are limited to Priority #1 patients.

    b. Priority #1 patients are:

        i. PRC eligible

        ii. Elders

        iii. Full-time students

        iv. Patients with diabetes

4. Native American patients who are not PRC eligible are responsible for the costs of glasses or contact lenses ordered. Insurance benefits can be used to reduce the patient responsibility.

5. Non-Native patients are responsible for the cost of the exam and any glasses or contact lenses ordered. Insurance benefits can reduce the patient responsibility.

C. Purchased/Referred Care (PRC)

1. Alternate resources for payment of eye care should be utilized, if possible. SCHC bills alternate sources.

2. Pre-authorization of non-emergency contract care is mandatory. Emergencies require authorization within 72 hours after care is delivered.

3. A contract or other agreement at less than usual and customary fees will generally reduce this cost substantially and is considered by the facility if there is not adequate direct care for all patients.

4. Supplemental or specialized care (such as ophthalmologic services) may be procured under open market conditions or under contract as directed by availability and cost and consistent with current priority status.

D. Payments

1. Private insurance is billed; patient may be responsible for costs not covered.

2. Any patient responsibility must be paid before the glasses or contact lenses are ordered.

3. Optometric prescriptions written by a doctor outside SCHC will be honored until the expiration date of the prescription. Expired prescriptions require an exam before ordering glasses or contact lenses. SCHC is not responsible for returns due to an incorrect outside prescription.

4. When ordering glasses or contact lenses, patients are informed of their choices and approximate costs, payment policy, approximate arrival date for items, and how to arrange for a fitting. A copy of the written policy is made available upon patient request.

5. Direct and PRC eligible patients are held harmless for diabetic eye exams if there are no third party resources available (including co-pays).

6. If glasses or contact lenses are to be mailed, there is no fee for one shipment. If patient desires additional shipments, the charge for subsequent orders is $10.00 per additional shipment to be paid before shipping ensues.

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E. Services

1. Primary Eyecare

   Level of services provided is dependent upon eye care personnel available and level of services provided. The frequency of examination is determined by the needs of each patient.

   a. As a general rule, children (through age 18) should be adequately screened and/or have examinations each year.

   b. Complete examinations should be performed periodically for children and adults as indicated. More frequent examinations are encouraged when:

      i. Signs or symptoms of acute or chronic eye disease, conditions or significant visual symptoms are apparent.

      ii. Told by eye doctor to return sooner for a specific reason such as diabetes, follow-up exam and amblyopia (lazy eye) therapy.

      iii. Written referral from doctor, nurse or school screener.

   c. Adults less than 40 years of age are encouraged to have routine eye examinations at least every two years; those over 40 years of age, every year.

   d. Elderly patients should be scheduled for yearly eye exams.

   e. Patients who have been diagnosed with diabetes should have yearly dilated eye exams.

2. Contact Lens Fitting

   a. Contact lenses are available to registered patients with a current contact lens prescription. The prescription may be from another eye doctor or written by a SCHC optometrist.

   b. Follow-up evaluations are mandatory for contact lens wear and it is the responsibility of the patient to keep these appointments. Without proper follow-up care patients may be denied replacement lenses until they have their contact lenses evaluated.

c. All costs incurred for contact lenses, including but not limited to insurance, fitting and evaluation, and other accessories are the responsibility of the patient.

d. For minors to be fit for contact lenses, a parent or legal guardian must be present for the initial contact lens fitting visit in order to give consent and participate in the selection of type and modality of contact lenses.

3. Visual Training and Orthoptics

Visual training and orthoptics may be provided by an SCHC optometrist when appropriate. Vision therapy and orthoptics may be referred to an outside provider and should be first pre-approved by an SCHC optometrist or ophthalmology consultant.

4. Eye Disease and Injury

a. The optometry staff may treat eye disease or injury consistent with their clinical privileges and in accordance with established guidelines.

b. Whenever eye disease is suspected, the optometry clinic should be contacted immediately to be triaged. Depending on the nature of the disease, these patients may be seen on a same-day priority basis. Routine referrals for any tests of short duration, such as intra-ocular pressure measurements, visual acuity, and the like, will be triaged by the optometry clinic based on availability.

c. Referrals or consultations are facilitated by the optometrist. Referral is documented in the EHR. The patient is assisted in obtaining an appointment for the referral or consultation by the referral specialist and/or the optometry assistant.

5. Eye Surgery

Patients requiring emergency or routine eye surgery are referred to the appropriate provider. Consultant reports are filed in the patient's medical record.

6. Eye Safety

An active safety program is mandatory. When an eye professional is available, the optometrist is an eye safety consultant for this program.

7. Eye Screening

   a. Head Start and preschool vision screening (children through age six) should be available in the immediate area. This may be provided by SCHC optometry staff or by trained school personnel. This screening is essential in detecting ocular conditions which are amenable to treatment only at this age and in establishing a definite knowledge of the child's ocular well-being before entry into the school system. Modified Clinical Technique (MCT) screening and the use of the "Orinda Study" referral criteria or equivalent standards of referral are recommended.

   b. School age screenings should be conducted on a yearly basis. This screening is conducted by trained school staff or SCHC optometry staff.

   c. Ocular health screening (dilated fundus exam) of all diabetic patients is recommended on at least a yearly basis. This screening is done by optometric staff in accordance with the diabetes standards of care for patients.

   d. Other types of ocular screening, such as glaucoma screening, may be recommended depending on need.

F. Health Promotion Activities

1. Eye Safety Program

   An optometrist acts as the eye safety consultant for SCHC and the community as needed. Periodic review of the safety program is conducted and OSHA standards are utilized with industrial and home eye safety stressed.

2. Children Eye Screening

   a. Infants to 6 months: Examining infants is recommended. Major anomalies can be identified, such as retinoblastoma, high myopia, and other significant congenital problems.

   b. Head Start: These students should be screened each year and those requiring further examination should be referred to the optometry clinic. Screenings may be done by optometry staff or school personnel. Emphasis on a first time full eye examination between ages 3 and 4 is given. These students along with preschool age children are top priority in receiving

optometric care with follow-up progress exams.

c. All Other Students: With all other students the importance of eye care changes in emphasis from one of preventive optometry to the enhancement of the learning process. Children whose visual system is not adequate for the demands of the learning process fail to reach their learning potential. Screenings are geared primarily towards detecting clinically significant refractive errors which do change, sometimes dramatically. For this reason, the second priority in vision screening is given to this group. After the beginning of each school year, all students are screened by either an optometrist, the optometric assistants, school nurses, teachers or other qualified persons. Referral standards are established by the optometrist. Those requiring further examinations are scheduled at the earliest opportunity at the optometry clinic. Appointments are made using the usual appointment system.

3. Diabetes Retinopathy Screening/Monitoring: In cooperation with the diabetes program, the optometry clinic provides dilated fundoscopic examinations for all diabetes patients each year. All retinas will be graded according to the following standards with appropriate follow-up initiated.

a. Group 0: Exam is entirely normal, no retinopathy. Follow-up in 1 year.

b. Group 1: Exam shows mild (1+) non-proliferative diabetic retinopathy (NPDR), i.e. at least one microaneurysm (MA) and/or retinal hemorrhage. No macular edema and vitreous is clear. Follow-up in 1 year.

c. Group 2: Exam shows moderate (2+) NPDR in 1-3 retinal quadrants. Other features present in mild form, i.e. cotton wool spots, venous beading, intraretinal microvascular abnormality (IRMA), soft exudates. No macular edema and the vitreous is clear. Follow-up in 6 - 12 months.

d. Group 3: Exam shows beyond moderate NPDR, cottonwool spots and/or intraretinal microvascular abnormality (IRMA). Referral for ophthalmologic care with management as indicated by preferred practice patterns.

e. Group 4: Exam shows macular edema with or without NPDR. Exam shows neovascularization of the disc (NVD) or neovascularization elsewhere (NVE) to any extent. Vitreous hemorrhages old or new are seen for the first time. Neovascularization of the iris (NVI) (rebuses) is noted. Best corrected visual acuity worse than 20/40 without explanation. Refer for ophthalmologic

care.

When a fundus camera or Optical Coherence Tomographer (OCT) is available, a fundus photograph or OCT retinal scan will be taken on all diabetics at initial diagnosis of diabetes mellitus and on each subsequent visit where retinal changes are noted. These images will be kept in the patient's electronic medical record. Recommendations for follow-up care or referrals will be made by an optometrist after consulting IHS guidelines on follow-up for diabetic patients.

4. Referrals

a. Referrals within the facility are generally accomplished by notes in the patient's electronic health record and direct contact with the referral source.

b. Referrals to other providers are made by use of appropriate correspondence and by assisting the patient in obtaining an appointment with those providers through the referral specialist.

c. Patients referred for non-emergency care should be told to contact their insurance carrier or PRC to receive prior authorization for the visit. Without prior approval the patient may be responsible for the payment.

d. Ocular emergencies are determined by an optometrist. Emergency referrals are done in an expeditious manner. The patient must contact their insurance carrier or PRC for prior approval for the emergency care or they may be responsible for payment.

5. Low Vision

Patients whose visual acuity or field of vision interferes with the normal tasks are considered as having low vision. These patients are evaluated and referred to a low vision specialist if it is determined by an optometrist that the patient would benefit from seeing a specialist. Referrals to the Oregon Services for the Visually Handicapped or to a private specialist are made as needed.

6. Education

As time, staff and facilities expand, a patient educational program will be developed and implemented. The program will be directed toward all ages but

will stress the preschool age, diabetes and other high-risk segments of the population.

G. Ophthalmic Aspects

1. The optometrists are responsible for all eye examinations. They will provide an eyeglass prescription to each patient as necessary. Patients may purchase glasses from the vendor of their choice. Glasses ordered at SCHC are verified before dispensing using ANSI Z80.1-1987 standards.

2. Contact lenses can be ordered from a valid and current contact lens prescription. The prescription may be brought in from another doctor or written by the optometrist.

3. The optometry assistant, with the assistance of the patient accounts and medical support staff, determines any fees that a patient needs to pay for services or materials according to established procedures. Payment is required before materials are ordered. Insurance programs are billed when available.

4. Repairs, adjustments, and replacement of eyewear parts will be done upon patient's request. Reasonable attempts to repair eyewear to be safely functional will be made. Patient can choose to make an appointment or drop off eyewear.

V. STANDARDS OF OPERATION

A. Medical Records

1. Entries into EHR are made for each optometric visit.

2. Card files for recall of patients are maintained if service to the patient population is enhanced by keeping such files. Patient confidentiality will not be comprised by the card file system. Spectacle and contact lens orders are scanned into patient's EHR file.

3. Strict adherence to the intent and the specific provisions of the Privacy Act and HIPAA is mandatory.

4. Optometry records are reviewed and audited by SCHC's internal audit authorities and by outside agencies.

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B. Scheduling

1. Hours of Operation

   See Part 1 Administration Department, Section II.

2. No-Shows, Late Arrivals, and Cancellations

   The optometry clinic follows the Administration policy on no-shows, late arrivals, and cancellations. The No-Show policy is located in Part 1 Administration Department, Section VI.

C. Quality Improvement Program

The optometry clinic participates in quality improvement activities under the guidance of the Administrative/QI Coordinator in compliance with the Quality Improvement Policy.

D. Preventive Maintenance, Repair and Replacement of Optometric Equipment

An ongoing preventive maintenance program is essential to prevent interruption of patient care services due to equipment failure. Generally, major optical equipment shall have yearly preventive maintenance. Monies must also be made available on an ongoing basis for replacement or repair of specialized eye care equipment.

E. Infection Control

The optometry staff shall follow the plan set forth in the Risk Management and Infection Control policies to minimize risk to patients and staff and to prevent the spread of infection by practicing good aseptic techniques and personal hand washing.