

July 27, 2022

### Optometry Technical Review Committee Public Hearing

My name is Barb Johnson, I am a registered nurse. I work and lead treatment plans in a veteran's wellness clinic. I have severe primary open angle glaucoma in both eyes and wanted to share my experience of care delivery. In 2016 my primary optometrist informed me that my eye pressure was too high and that I had damage from glaucoma in both eyes. He referred me to what I understood to be a glaucoma consultant that would assume and advance my care moving forward. I was evaluated and followed in an optometry glaucoma clinic during which I underwent repeat visual field testing and optic nerve imaging. Over approximately the next year, I underwent glaucoma medication adjustments before being told my glaucoma had continued to worsen. I was then told that Selective laser trabeculoplasty was indicated. I was referred to an ophthalmologist for the SLT procedure. I felt confused and misled as I had been seeing the "glaucoma consultant" for a year and my insurance had been billed for specialty level care but now I was being referred for an SLT. I thought, "was the doctor I had been seeing a glaucoma specialist at all?" I then spoke with co-workers at the Omaha VA about my experience and they told me about the difference in training between optometrists and ophthalmologists. I immediately asked to have my chart reviewed by the glaucoma fellowship-trained ophthalmologist they recommended. He advised that I be seen urgently and had me in clinic the next week. He was immediately concerned with the severity of my glaucoma informing me that I had lost 70% of the visual field in my right eye and 60% of the vision in my left eye. My eye pressure level was still too high on maximum topical medical therapy. He recommended urgent trabeculectomy surgery in my right eye because he felt the effect of SLT would take too long to mature. He also let me know there was a 20% chance it wouldn't lower my pressure at all! He completed the trabeculectomy in my right eye later that week immediately lowering my pressure. My left eye was better suited to allow time for the laser to take effect, so SLT was completed in my left eye during the post-operative visits for my right eye. My vision and pressures have since stabilized but I cannot help but wonder if I were referred earlier....how much of my vision could have been saved if I was referred to an ophthalmologists earlier. I was never offered the option of evaluation with an ophthalmologist that had glaucoma fellowship training despite living only a few miles away from the ophthalmology clinic I get my care at today. I feel that if I knew the difference in training and clinical/surgical focus of ophthalmology I would have preferred to be evaluated by the ophthalmologist at the time of the initial referral and the delay in more definitive pressure lowering may not have been an issue. Many Nebraskans do not understand the difference in training and focus between optometrists and ophthalmologists. The information is not necessarily always offered when advancement in eye care is needed. My main goal in being here today is to help ensure that other people with glaucoma do not have the same experience I did and suffer an unnecessary delay in more definitive eye pressure lowering when needed.