

407 Technical Credentialing Review – Optometry Application

<p>Requested Scope of Practice Changes:</p> <p>Based on the “Three Areas of Enhancement” One-pager, dated June 7, 2013</p>	<p>1. Remove the current restrictions on prescribing oral steroids, oral anti-glaucoma medications and oral immunosuppressive medications.</p>	<p>2. Allow the injection of medication for the treatment of anaphylaxis, and pharmaceutical agents injected into the eyelid for the treatment of cysts, or infected or inflamed glands of the eyelid.</p>	<p>3. Remove the current restriction on performing surgical procedures to allow the treatment of cysts, or infected or inflamed glands of the eyelid.</p>
<p>Criteria 1: <i>The health, safety and welfare of the public are inadequately addressed by the present scope of practice or limitations on scope of practice.</i></p>	<p>The health, safety, and welfare of the public are adequately addressed by the current continuum of care offered by Nebraska physicians and optometrists. Nebraskans have access to eye care through 1) optometrists offering primary and routine eye care with the authority to prescribe anti-glaucoma eye drops and other topical drugs; 2) primary care physicians (746) in their local or neighboring communities offering primary and emergency care in addition to full prescriptive authority; and, 3) ophthalmologists (106) offering primary, specialized, and emergency eye care and full prescriptive authority through a growing network of primary and satellite practices located throughout Nebraska. (Number of physicians practicing in Nebraska based on Nebraska Medical Association data).</p> <p>Should an emergency eye procedure be required, ophthalmologists, like other primary care physicians and emergency room physicians, are available to treat the patient as soon as possible. Should a prescription for oral glaucoma medications be needed, an ophthalmologist or other physician can be easily contacted to consult on the prescription of Diamox. Because Diamox is not the appropriate treatment in every instance, a physician should be involved to confirm the appropriate diagnosis and treatment. This safeguard protects the public.</p>	<p>The health, safety, and welfare of the public are adequately addressed by the current continuum of care offered by Nebraska physicians and optometrists for the treatment of cysts and infected and inflamed glands. Nebraskans have access to eye care through 1) optometrists offering primary and routine eye care who are currently able to treat cysts or infected and inflamed glands with the most common and lowest risk treatment; 2) primary care physicians (746) in their local or neighboring communities offering primary and emergency care in addition to full prescriptive authority; and, 3) ophthalmologists (106) offering primary, specialized, and emergency eye care.</p> <p>Should an emergency eye procedure be required, ophthalmologists, like other primary care physicians and emergency room physicians, are available to treat the patient as soon as possible. 63% of Nebraskans have an Ophthalmology/MD primary office in their town. (NMA data)</p> <p>The injection of pharmaceutical agents into the eyelid as requested in this application is, and should remain, more advanced treatment in a continuum of eye care that already provides for initial treatment on the local level by an optometrist or a primary care physician, with the advanced care and treatment provided by or with a more specialized physician.</p>	<p>The health, safety, and welfare of the public are adequately addressed by the current continuum of care offered by Nebraska physicians and optometrists. Nebraskans have access to eye care through 1) optometrists offering primary and routine eye care who are currently able to treat cysts or infected and inflamed glands with the most common and lowest risk treatment. Both optometrists and ophthalmologists are able to employ the same treatment for an initial diagnosis of a cysts, infected, or inflamed gland; 2) primary care physicians (746) in their local or neighboring communities offering primary and emergency care in addition to full prescriptive authority; and, 3) ophthalmologists (106) offering primary, specialized, and emergency eye care. Should an emergency eye procedure be required, ophthalmologists, like other primary care physicians and emergency room physicians, are available to treat the patient as soon as possible.</p> <p>Because the difference between a benign or malignant cyst or inflammation can be difficult to diagnose, the public is protected only when a physician with the educational background that ensures an overall knowledge of systemic diseases and other systemic diseases that may only show themselves in the form of an eye condition is allowed by statute to perform surgery.</p>

<p>Criteria 2: <i>Enactment of the proposed change in scope of practice would benefit the health, safety or welfare of the public.</i></p>	<p>If the optometric scope of practice is changed to allow broad prescriptive authority by optometrists, there would not be a benefit to the health, safety, and welfare of the public. For glaucoma treatment, optometrists are already given the authority to prescribe topical anti-glaucoma medication. This authority to prescribe anti-glaucoma eye drops allows optometrists the first and most common form of defense against glaucoma. Should a prescription for oral glaucoma medications be needed, an ophthalmologist or other physician can be easily contacted to consult on the prescription of Diamox without additional cost to the patient.</p> <p>The health, safety, and welfare of the public does not benefit when optometrists are given broad statutory authority to treat conditions of the eye with medications that have system-wide effects. Optometrists are trained specifically in the area of the eye, but are not sufficiently trained on the overall systemic effects of diseases and drugs. Ophthalmologists receive such training in their 4 years of medical school prior to their 1 year internship and 3 years of ophthalmology residency. 40% of ophthalmologists go on to complete a fellowship in glaucoma, retina, cornea, or pediatric ophthalmology. (American Academy of Ophthalmology) Primary care physicians also have complete prescriptive authority to prescribe Diamox and have been trained in these prescription of these drugs and their systemic effects through their medical school training and residency experience. 63% of Nebraskans have an Ophthalmology/MD office in their town. 99.5% of Nebraskans live within 30 miles of an Ophthalmology/MD satellite clinic location or primary office. (NMA data)</p>	<p>If the optometric scope of practice is changed to allow injections into the eyelid by optometrists, there would not be a benefit to the health, safety, and welfare of the public. When treatment is needed for a cyst or infected or inflamed gland, the current optometric scope of practice allows for initial treatment by an optometrist or other physician at the local level. Should advanced care and treatment be required, such treatment is available from medical doctors trained in systemic diseases that may be manifested as a condition of the eye. Advanced care is also available by or with a more specialized physician focusing on the diseases and treatment of the eye. The health, safety, and welfare of the public is not benefitted when optometrists are given statutory authority to treat conditions of the eye that may have system-wide effects, when optometrists are trained specifically in the area of the eye, and not on the overall systemic effects of diseases and drugs.</p> <p>If the optometry scope of practice is changed to allow the procedures requested, access to care would not be improved for Nebraskans. In the few states where additional surgical and prescriptive authority has been given to limited scope eye professionals, access to care across less populated areas of the state has not been shown to improve. In Oklahoma, Medicare data (provided upon request) shows that a very limited number of optometrists are performing the procedures allowed under their expanded scope. Further, the public does not benefit when the number of procedures performed and diagnoses offered after training is so low that continuing competency cannot be ensured.</p>	<p>If the optometric scope of practice is changed to allow surgical procedures by optometrists, there would not be a benefit to the health, safety, and welfare of the public. The health, safety, and welfare of the public does not benefitted when optometrists are given statutory authority to perform surgical procedures to address conditions of the eye that have system-wide effects, when optometrists are trained specifically in the area of the eye, and not on the overall systemic effects of diseases and drugs. The public does not benefit when practitioners at any level are allowed to perform procedures that they have not been adequately trained to do.</p> <p>If the optometry scope of practice is changed to allow the procedures and prescriptive authority requested, access to care would not be improved for Nebraskans. In the few states where additional surgical and prescriptive authority has been given to limited scope eye professionals, access to care across less populated areas of the state has not been shown to improve. In Oklahoma, Medicare data shows that a very limited number of optometrists are performing the procedures allowed under their expanded scope. Further, costs associated with the equipment required for some of the procedures requested, and the number of procedures/diagnoses necessary to maintain competency, will likely result in referrals (even among optometrists) to providers in the more populated areas of the state. Those optometrists choosing to perform these procedures will still be located in the most populated areas and access will <i>not</i> be improved. Additionally, the public does not benefit when the number of procedures performed after training is so low that continuing competency cannot be ensured.</p>
---	--	--	---

<p>Criteria 3: <i>The proposed change in scope does not create a significant new danger to the health, safety or welfare of the public.</i></p>	<p>The proposal creates a significant new danger when professionals trained in one specific area of the human body are allowed to prescribe drugs that affect the entire body. The education and training of optometrists fails to provide the foundation to manage complicated, sick patients with oral corticosteroids and immunosuppressive agents. The broad prescriptive authority requested in the application will allow every optometrist in the state to prescribe drugs that have major and in some cases irreversible side-effects that can be fatal. Applicant’s discussion focuses almost exclusively on the use of Diamox in the care of their patients, however, the authority requested goes <i>far</i> beyond that narrow authority. Significant new dangers will be created when eye doctors are given the authority to prescribe anti-cancer medicines and similarly potent pharmaceutical agents.</p>	<p>The proposal creates a significant new danger when professionals trained in one specific area of the human body are allowed to perform procedures without the proper medical training relating to what may be the underlying cause of the eye inflammation. The education and training of optometrists fails to provide the foundation to manage complicated, sick patients who are showing an eye condition that may be a manifestation of an underlying systemic autoimmune disease.</p> <p>Allowing optometrists to inject pharmaceutical agents into the eyelid as requested in the application may result in a delay of proper treatment or failure to refer, causing a significant new danger to the health, safety and welfare of the public. When providers that are trained solely in the visual system are given the authority to diagnose and treat overall systemic diseases, without the proper medical training to do so, a new danger is created. Many of the limits on the optometric scope of practice exist not because the optometrist cannot determine the problem with the eye, but rather to ensure referral and specialized care in cases requiring additional systemic knowledge and medical monitoring.</p>	<p>The proposal creates a significant new danger when professionals trained in one specific area of the human body are allowed to perform procedures without the proper medical training. The education and training of optometrists fails to provide the foundation to manage complicated, sick patients – the education of optometrists focuses on the healthy eye. Additionally, optometrists are not trained to diagnose a systemic disease in patients who are manifesting such condition as an inflamed eye.</p> <p>Surgery should be performed by surgeons who been given sufficient training. Ophthalmologists receive such training in their 4 years of medical school prior to their 1 year internship and 3 years of ophthalmology residency. 40% of ophthalmologists go on to complete a fellowship in glaucoma, retina, cornea, or pediatric ophthalmology. Primary care physicians who are also able to treat these conditions are trained in systemic effects through their medical school training and residency experience.</p>
<p>Criteria 4: <i>The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.</i></p>	<p>The education and training proposed grossly underestimates the necessary preparation to assure competency for prescribing oral steroids, oral anti-glaucoma medications and oral immunosuppressive medications. Legislation introduced by the optometrists, LB 526 and 527, requires either evidence of completion of 8 hours of transcript-quality education, or a showing by the optometrist graduating after January 1, 2000 of “satisfactory completion of classroom education and clinical training which emphasizes the examination, diagnosis, and treatment of the eye, ocular adnexa, and visual system.” This second</p>	<p>The 8 hours of education and training proposed in LB 526 and 527 grossly underestimates the necessary preparation to assure competency for the injection of pharmaceutical agents into the eyelid for the treatment of cysts, or infected or inflamed glands of the eyelid. Because the difference between a benign or malignant cyst or inflammation can be difficult to diagnose, referrals should be required to ensure a medical doctor with years of training is able to see the patient and make an informed diagnosis. The proposed legislation also allows for injections in Nebraska after simply passing an injection skills test, which</p>	<p>The education and training proposed in LB 526 and 527 grossly underestimates the necessary preparation to assure competency for surgical procedures performed on the eyelid. LB 526 proposes only 16 hours of training for surgical procedures. This is in direct contrast to the educational training of medical doctors, and especially ophthalmologists who receive years of surgical training through 4 years of medical school, a 1-year internship and 3 years of residency. Because the difference between a benign or malignant cyst or inflammation can be difficult to diagnose, referrals should be required to ensure a medical doctor with</p>

	<p>requirement includes no training to administer all systemic medications including steroids, immunosuppressives, and oral glaucoma medications. Because the application requests such a broad scope of prescriptive authority, this training does not serve to assure that the practitioner is competent to prescribe the requested medications.</p>	<p>completely skips any training related to underlying diagnosis.</p> <p>Optometrists are doctors of optometry and are trained in the visual system. This specific training does not provide students with the medical knowledge necessary to manage patients with complex eye and medical problems. The training of optometrists focuses on the treatment of the healthy eye and vision-related problems. Further, while residencies are available to optometry students, only 15% of optometrists nationally have completed a one-year residency, following 4 years of optometry school.</p>	<p>years of training is able to see the patient and make an informed diagnosis. Many of the limits on the optometric scope of practice exist not because the optometrist cannot determine the problem with the eye – but rather to ensure referral and specialized care in cases requiring additional systemic knowledge and medical monitoring.</p>
<p>Criteria 5: <i>There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.</i></p>	<p>The post-professional education proposed further underestimates the necessary preparation to assure competency for prescribing oral steroids, oral anti-glaucoma medications and oral immunosuppressive medications. LB 526 and 527 propose only 4 hours to administer all systemic medications including steroids, immunosuppressives, and oral glaucoma medications. Because the application requests such a broad scope of prescriptive authority, this training does not serve to assure that the practitioner is competent to prescribe all of the requested medications.</p>	<p>The post-professional education proposed further underestimates the necessary preparation to assure competency for the injection of pharmaceutical agents injected into the eyelid for the treatment of cysts, or infected or inflamed glands of the eyelid. LB 526 and 527 propose only 8 hours of training for the injection into the eyelid. Because the difference between a benign or malignant cyst or inflammation can be difficult to diagnose, referrals should be required to ensure a medical doctor with years of training is able to see the patient and make an correct diagnosis.</p>	<p>The post-professional education proposed further underestimates the necessary preparation to assure competency for surgical procedures performed on the eyelid. LB 526 and 527 propose only 16 hours of training for surgical procedures.</p> <p>Importantly, because this criterion addresses post-professional programs, the educational requirements proposed in LB 526 and LB 527 would apply to all doctors of optometry, regardless of the time their received their optometric training.</p>
<p>Criteria 6: <i>There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.</i></p>	<p>The applicants have not demonstrated the measures that would assess whether the practitioners are competently performing the new skill or service or what action would be taken in the event of incompetent performance.</p> <p>The expanded scope proposal would be regulated by the Board of Optometry, rather than by the Board of Medicine and Surgery, who should have governing authority over groups requesting such broad pharmaceutical authority.</p>	<p>The applicants have not demonstrated the measures that would assess whether the practitioners are competently performing the new skill or service or what action would be taken in the event of incompetent performance.</p> <p>The expanded scope proposal would be regulated by the Board of Optometry, rather than by the Board of Medicine and Surgery, who should have governing authority over groups requesting pharmaceutical and injection authority.</p>	<p>The applicants have not demonstrated the measures that would assess whether the practitioners are competently performing the new skill or service or what action would be taken in the event of incompetent performance.</p> <p>The expanded scope proposal would be regulated by the Board of Optometry, rather than by the Board of Medicine and Surgery, who should have governing authority over groups requesting surgical authority.</p>