

July 27, 2022

Dear members of the Optometry Credentialing Review Committee,

I would like to share my perspective with you as both an optometrist and ophthalmologist. I believe my unique experiences can help shed light on the issues related to the proposed optometric scope expansion to include Selective Laser Trabeculoplasty (SLT). In short, I am against the proposal.

After graduating from optometry school from the Illinois College of optometry in 2009, I practiced optometry for one year in Des Moines, Iowa. I quickly realized I wanted to perform procedures, but also realized I would need more training to do so. I went to medical school at Des Moines University in Iowa, then completed one year of medical internship, followed by three years of ophthalmology residency surgical training at Cook County Hospital in Chicago. Currently, I am a comprehensive ophthalmologist at the central Iowa Veterans Affairs Hospital where I am a cataract surgeon and surgical teacher for residents from the University of Iowa. Knowing what I know from personal and professional experience on both sides of this issue, I feel it is my duty to voice my opposition to the proposal to expand optometric scope of practice to include SLT.

I want to first make it clear that we should all be here to first and foremost protect the safety of patients, whether an ophthalmologist, optometrist, or committee member. Our common goal should be that patients have the safest and best outcomes possible. Optometrists have a skill set, and ophthalmologists have a skill set, and the two teams should work in tandem. However, when optometric scope expansion asks for procedural skills, I must speak up in opposition because this is what is best for patients. If we commit to keeping things that simple, this discussion goes away because there is a standard of care that we all want to uphold. I would challenge you to ask yourselves if you, your mother or your father needed a procedure on an eye, who would you send them to? A more highly trained eyecare professional, or a lesser trained eyecare professional? If the state of Nebraska allows ODs to perform procedures that ophthalmologists perform, then in fact you've created an environment with two standards of care. I don't think that's what anybody wants.

Allow me to present it another way using a phrase we've all heard before. "You don't know what you don't know". It wasn't until I went to medical school and came through residency training that I realized just how much I didn't know before. I learned there is no such thing as a simple procedure. As my experience grows and I teach young residents, I've come to understand that if you think there is such a thing as a simple procedure, it's likely the first sign that you shouldn't be doing the procedure. Every procedure, every laser, every surgery we do has risks and potential complications. What could happen if those who don't know what they don't know start performing these surgeries? The last thing you want as a patient needing surgery is a doctor who doesn't realize what he or she doesn't know and a complication occurs.

I want to be perfectly clear in that I am not suggesting that one profession is inherently better than another. Both are valuable for the provision of eye care in Nebraska. But it is clear to me after having gone through both trainings, that the two professions, ophthalmology and optometry, are entirely different.

When I think back on learning procedures in my surgical training, I performed many, many of these surgeries, each with hands-on supervision by a trained surgeon, over years' time to become competent. Often there are three or four residents in a surgical training program, each resident routinely performing multiple procedures on a daily basis. This dynamic just isn't possible in optometry school. There are too many students in an optometry class, and there simply aren't enough patients with this sort of pathology in optometry schools to train an optometry class of 100 students. And you don't have the appropriate and experienced surgical training staff to teach you in optometry school as you do in ophthalmology residencies. There is simply no comparison.

Making sound medical and surgical decisions for patients boils down to judgment and experience. This takes years to develop and is not something that can be replaced by a weekend skills course or by a proficiency exam as some optometry schools have started doing. I know what I knew as an optometrist, and I know what I know now as an eye surgeon. There is a very big difference in medical knowledge and skill sets between the two professions. SLT is indeed surgery. Surgery should be left to surgeons.

Sincerely,

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