



Co-management of Ophthalmic Surgical Patients The current process is unethical and illegal

Can Floridians Read the Fine Print?

Many of Florida's ophthalmic surgical patients are being unnecessary shifted to another healthcare provider for postoperative care. Ophthalmologists, physicians who are trained to perform surgery on the eyes have the responsibility and duty to provide postoperative care to their surgical patients. Many patients are being transferred to optometrists for immediate follow-up care for reasons that have nothing to do with quality and access to care. This practice of co-management has been defined by the American Academy of Ophthalmology (AAO) "as the sharing of postoperative responsibilities between the operating surgeon and another healthcare provider." Co-management must be strictly regulated to ensure the safety of Florida patients. The question is, "why would a patient want a non-physician, who may have never seen eye surgery and certainly has not performed it to provide post-operative care?"

Myth 1: *Co-management of surgical patients is illegal.*

That's not true. Under Medicare rules co-management of ophthalmic surgical patients is allowed. The issue is that this practice is not being followed as described and there is no enforcement of the regulations. The requirements state that the patient has to request post-surgical care is provided by an optometrist. However, the practice routinely occurs for financial gain. As a result patients are being referred to surgeons who will split the referral fees with the referring optometrist. If co-management is to continue the process must be clarified in order to not put patients at unnecessary risk for the financially gain of others. Also the physicians must inform the patient prior to surgery and agreement should be noted in the patients chart.

Myth 2: *Post surgical care by an ophthalmologist costs more than an optometrist.*

That's not true. Medicare and Medicaid have the same fee structure for both optometrists and ophthalmologists and Federal law prohibits a difference in fee structure. Many private insurers also have similar fee structures in place. Patients can receive the same specialty post-operative care by an ophthalmologists at the same price as an optometrist, since the fee structure is the same. The current co-management structure allows for two levels of care at the same cost point.

Myth 3: *Co-management arrangements benefit the patients.*

That's not true. The only one benefiting from such an unethical arrangement is the optometrist. Many times optometrists have agreements with surgeons that will benefit the optometrist financially. Optometrists are making referrals on the willingness of the ophthalmologist to split the fees and send the patient back for postoperative care. Patients are being sold to the highest bidder. It is a direct violation of the ethics of the American College of Surgeons—a surgeon is required to care for surgical patients. Patients are being sent hundreds of miles away for surgery or follow-up care. In addition, there should be no fixed time on when the patient is stable and could be transferred to another healthcare provider.

Co-management of patients should only occur if the surgeon is unavailable due to extreme circumstances or the patient is unable to travel to the surgeon's office due to great distance or other illness. In such situations the surgeon will determine the best course of action for the patient and such action should be documented in the patient's chart.



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Myth 4: Optometrists are thoroughly trained to provide post surgical care.

That's not true. An optometrist is not a medical doctor. Such individuals are only licensed to practice optometry. Optometrists spend four years at an optometry college and only 10% complete an “optometric residency.” An optometrist spends only 2,000 hours of training in direct patient care. The practice of optometry traditionally involves examining the eye for the purpose of prescribing and dispensing corrective lenses, screening vision to detect certain eye abnormalities, and prescribing topical medications for certain eye diseases.

By contrast an ophthalmologist is a medical or osteopathic physician who completes four years of medical school, a one year internship, and an additional minimum of three years of residency. During residency, time is spent in direct patient care under the supervision of an experienced physician. An ophthalmologist spends more than 17,000 hours of training in direct contact with patients. In addition, ophthalmologists are able to perform the most complex and delicate surgeries.

Myth 5: Co-management of ophthalmic patients is necessary due to a shortage of ophthalmologists.

That's not true. Florida has the sixth largest concentration in the nation with 6.91 ophthalmologists for every 100,000 residents. There is no shortage of ophthalmologists in Florida and many rural areas have a far greater concentration of ophthalmologists than optometrists. There have been no substantial claims of delay in postoperative care by an ophthalmologist.

Myth 6: Co-management of surgical patients is common in medicine.

That's not true. Ophthalmology is the only specialty that allows such an arrangement. Most physicians outside of eye care are not even aware that such a practice exists and when made aware of it are horrified that patients are being put at such risk. The American Medical Association (AMA), the American Academy of Ophthalmology (AAO), the American Society of Cataract and Refractive Surgery (ASCRS), and the American College of Surgeons (ACS) have all issued guidelines on how the practice should occur and agree that the operating surgeon is responsible for postoperative care.

About the Florida Society of Ophthalmology

The Florida Society of Ophthalmology (FSO) has a rich history of serving patients since its founding in 1939. The mission of the Florida Society of Ophthalmology is to promote and to protect the medical specialty of ophthalmology through active participation in legislative advocacy and through providing continuing medical education and the dissemination of responsible information to its members, physicians and to the citizens of Florida to ensure the delivery of the highest standard of eye care throughout the state of Florida.

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