



## I INTRODUCTION

### I.1 Purpose

Centre for Eye Health ('CFEH' or 'the Centre') presents these terms and conditions with the expectation that observance of these terms and conditions will contribute to more effective client care and greater satisfaction for the patient, referrer and the Centre. Moreover, CFEH will support referring practitioners as an integral part of our clinical services.

### I.2 Scope of Practice

The Centre's Glaucoma Management Clinic (GMC) is a shared care service providing optometric and ophthalmological assessment including advanced eye imaging for patients who are glaucoma suspects or who have glaucoma.

It is designed to ensure compliance with the December 2014 Optometry Board of Australia's guidelines for the use of scheduled medicines and is run in conjunction with the Prince of Wales Hospital Ophthalmology department. .

CFEH will ensure that the expertise and skills required to perform the tests are suitable and data is collected according to set protocols. In all cases, communication with the referring practitioner will be a key priority.

The Centre's two distinct services are:

- For the non-therapeutically endorsed optometrists: The internal management (CFEH optometrists and consultant ophthalmologists) of referred patients with respect to their glaucoma status. All other aspects of the patient's ocular health will be managed by the referring optometrist.
- For the therapeutically endorsed optometrists: A shared care arrangement to manage the patient's glaucoma status in conjunction with the therapeutically qualified referrer.

## 2 CFEH

### 2.1 Standard Procedures

- All tests conducted at CFEH are routine clinical tests and do not involve experimental procedures.
- Only practitioners registered with CFEH can refer patients to the Centre.
- UNSW students may observe the consultation and assist with visual field testing and other imaging as needed.
- The testing performed at CFEH will require pupil dilatation.
- CFEH reserves the right to de-register or reject referrals from a practitioner if they are found to be in breach of the terms and conditions laid out in this document.
- CFEH follows The UNSW Australia policies and procedures relating to research and publication.

### 2.2 Patient Selection

- CFEH should **not** be regarded as a referral service for acute and /or urgent conditions including angle closure glaucoma. On the rare occasion that the patient presents with a condition that requires urgent treatment, an appropriate action plan will be formulated in consultation with the referring practitioner where possible.
- CFEH consultant ophthalmologists are engaged through South Eastern Sydney Local Health District. The GMC is a satellite clinic of the SESLHD with the consultants employed by the SESLHD
- Monocular patients, patients with field loss incorporating a MD of greater than -12 or within 10 degrees of fixation, patients with IOPs over 35 and patients that have undergone multiple ocular surgeries (excluding IOL surgery) should not be included in a shared care protocol
- For patient continuity under the shared care model, it is essential that locums do not refer to the glaucoma management clinic. A principal or permanent optometrist of the referring practice is required to refer.

### 2.3 Contact with Referrer

- CFEH may need to contact the referring practitioner for further information.
- Where action is required in relation to 2.2.i and the referring practitioner cannot be contacted, CFEH reserves the right to initiate a management plan.
- Reports will be sent to the referring practitioner within ten business days following the conclusion of the particular course of attention related to the referral. Where glaucoma therapy is initiated, this may be several months after the first consultation.

## 3 REFERRING

### 3.1 Referral Process

- Referring practitioners must ensure all information on the CFEH Referral Form is correct and complete, otherwise the referral cannot be processed and may be returned to the referrer.
- Referring practitioners must return the completed and signed Referral Form to CFEH by fax, post or through Medinexus to comply with privacy laws surrounding the transmission of patient's personal information.
- Referring practitioners have the right to de-register with CFEH and this can be done by contacting the Executive Officer at the Centre.

### 3.2 Imaging and Visual Fields

- i. To ensure best possible management of the patient's glaucoma status, it is important that the same imaging and visual field devices are used to enable change analysis. A Humphrey Visual Field test is a requirement for management with the GMC either at CFEH or the referrer's practice.
  - a. If the referring practitioner has the latest software version of a HVFA then the visual fields can be performed with the referring practitioner.
    - i. If performed at the referrers practice, results must be supplied to the Centre in accordance with the management plan, ideally including a soft copy of the raw data.
  - b. If the referrer has an instrument other than the HVFA then visual fields will be performed and bulk billed at the Centre. As a result, visual fields should NOT be billed to Medicare by the referring practitioner
- ii. HRT3 and Cirrus OCT, as well as Spectralis OCT as needed, will be performed at the Centre as part of the standard glaucoma assessment at each patient visit.
- iii. If the referring practitioner has an OCT at their practice and wishes to utilise it in the shared care arrangement, the results must be supplied with the referral in accordance with the frequency and type as stipulated in the management plan.

### 3.3 Patient Management

- i. With the exception of the patient's glaucoma status, management remains the responsibility of the referring practitioner.
- ii. CFEH bulk bills Medicare for visual fields and consultations where appropriate in line with Medicare rules.
- iii. Patients will be informed that the consultation at the Centre does not involve any out of pocket expenses to them as the testing is subsidised by Medicare and philanthropic organisations (Principally the Guide Dogs Association).
- iv. Charges to the patient by the referring practitioner are at the discretion of the referrer bearing in mind the purpose of the GMC and 3.3.iii
- v. Referring practitioners should arrange reviews and continuing care as prescribed in the management plan.
- vi. Referring practitioners must ensure that timely treatment of ocular conditions is not adversely delayed by referral to the Centre.
- vii. If symptoms or ocular findings unrelated to the original referral are noted at the time of CFEH consultation, the referring practitioner will be informed and will be responsible for managing them.
- viii. The referred individual will be registered as a patient with the SESLHD
- ix. Referring practitioners will be required to comply with the set shared care management plan including being responsible for ensuring patients return for the scheduled appointments at their practice.
- x. The Centre will communicate and work with the referring practitioner in situations where the patient is not compliant in attending the scheduled appointments at the Centre.

### 3.4 Contact with CFEH

- i. Registered practitioners will receive information concerning changes to CFEH services, patient testing, protocols and practitioner education.
- ii. Registered practitioners can contact CFEH with regard to any information required regarding its services.
- iii. Registered practitioners will be required to notify CFEH of any change to their registration details such as name, address, phone number and practising location.

### 3.5 Copyright

- i. Images distributed in the client reports are the copyright of CFEH.
- ii. Distribution or reproduction of part or all of these images in any form is prohibited, except for on-referral to another health-care practitioner and/or where prior approval has been given by the Centre.
- iii. CFEH must be acknowledged as the source of the images.

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