



Fax to 02 8115 0799

To refer to Centre for Eye Health, you must first register. Registration is free and simply involves completing the following details, reviewing our terms and conditions and returning the signed form. Once registered, you will be sent a referrer information pack. Please print clearly and tick checkboxes as appropriate.

NOTE: If you are already registered with CFEH and wish to change your details, please complete the Practitioner Change of Details form.

REFERRER DETAILS

Title: _____ Profession: _____

First Name: _____ Last Name: _____

I am registering for: [] General Clinic [] Glaucoma Management Clinic [] Both

For Optometrists: [] I am therapeutically qualified [] I am not therapeutically qualified

What has prompted you to register? [] Letter [] Advertisement [] Article [] Colleague/ Patient [] Email [] Website [] SCOPE/ CPD event [] Other: _____

PRIMARY PRACTICE DETAILS

Note: Locums do not need to complete.

Practice Mailing Address: _____ Practice Name: _____

Preferred Contact Method: [] Phone [] Mobile [] Post [] Email

Suburb: _____ Postcode: _____ State: _____ Practice Street Address _____

Phone: _____ (if different): Suburb: _____

Medicare Provider Number: _____ Email: _____

SECONDARY PRACTICE DETAILS

Note: Locums do not need to complete.

Practice Mailing Address: _____ Practice Name: _____

Preferred Contact Method: [] Phone [] Mobile [] Post [] Email

Suburb: _____ Postcode: _____ State: _____ Practice Street Address _____

Phone: _____ (if different): Suburb: _____

Medicare Provider Number: _____ Email: _____

NB. Please photocopy as needed for additional practices

COMMUNICATION FROM CFEH

The Centre will provide important updates, CPD offers and other relevant opportunities to its registered practitioners. To receive this information, please provide your consent and contact details below (if different from practice above).

[] Yes, I would like to receive updates via [] Email or [] Post [] No, I do not want to receive updates

Mailing Address: _____ Mobile: _____

Suburb: _____ Postcode: _____ State: _____ Email: _____

AGREEMENT

I acknowledge that in registering to be a referrer with Centre for Eye Health I agree to abide by the Terms and Conditions.

Signature: _____ Date: []/[]/[]

See following pages for Terms and Conditions



1 INTRODUCTION

1.1 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 client, referrer and the Centre. Moreover, CFEH will support referring practitioners as an integral part of our client services.

1.2 Scope of Practice

The Centre is a referral service providing advanced eye imaging and visual assessment services. 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 our key focal point.

The Centre's two distinct services are:

- i. The *Imaging and Visual Function* service for optometrists and ophthalmologists that provides access to results from any of the instruments available at the Centre. The report is purely an interpretation of the images alone and is designed to provide information to assist with patient management.
- ii. The *Ocular Condition Assessment* service for optometrists that provides in-depth analysis related to a suspected underlying condition, which may involve consultation with one of the Centre's consultant ophthalmologists. Treatment will **not** however be initiated and a second opinion on current treatment will not be provided.

2 CFEH

2.1 Standard Procedures

- i. CFEH will not undertake full eye examinations or routine visual field assessment.
- ii. All tests conducted at CFEH are routine clinical tests and do not involve experimental procedures.
- iii. Only optometrists and ophthalmologists registered with CFEH can refer patients to the Centre.
- iv. The Centre will not accept referrals from optometrists for patients currently under ophthalmological care, unless it is for a different condition or the optometrist has already consulted with the treating ophthalmologist.
- v. CFEH will only obtain a medical history when conducting an *Ocular Condition Assessment*.
- vi. CFEH will provide a test review and report for the *Imaging and Visual Function* service and a more detailed analysis for the *Ocular Condition Assessment* service.
- vii. UNSW students may observe the client consultation.
- viii. The requested testing may require pupil dilatation.
- ix. CFEH reserves the right to de-register a practitioner if they are found to be in breach of the terms and conditions laid out in this document.
- x. CFEH services are fully funded by Guide Dogs NSW/ACT.
- xi. CFEH follows The University of New South Wales policies and procedures relating to research and publication.

2.2 Patient Management

- i. Patient management always remains with the referring practitioner.
- ii. CFEH should not be regarded as a referral service for acute and/ or urgent conditions. On the rare occasion that the condition requires urgent treatment, an appropriate action plan will be formulated in consultation with the referring practitioner.
- iii. CFEH does not initiate or provide treatment.
- iv. CFEH may request an opinion from a consultant ophthalmologist, engaged through South Eastern Sydney Illawarra Area Health Service (SESIHHS), if required.

2.3 Contact with Referrer

- i. CFEH may need to contact the referring practitioner for further information about the patient and/ or specific tests required.
- ii. If an urgent situation arises and the referring practitioner cannot be contacted, CFEH reserves the right to initiate a management plan.
- iii. Reports or discussion of results will not be communicated to the patient. Reports will be sent to the referring practitioner within five business days.

3 REFERRING

3.1 Referral Process

- i. Referring practitioners must ensure their patient has had a full eye examination within the last six months.
- ii. Referring practitioners must ensure all information on the CFEH Referral Form is correct and complete, otherwise they cannot be processed.
- iii. Referring practitioners must return the completed and signed Referral Form to CFEH by fax, g/W/fY email or mail.
- iv. Referring practitioners must provide the patient with the Client Referral Information card as well as information on why the patient is being referred to CFEH.
- v. Referring practitioners have the right to de-register with CFEH and this can be done by contacting the Executive Officer.

3.2 Patient Management

- i. Patient management remains the responsibility of the referring practitioner and CFEH should be regarded as a resource to aid in the management of patients.
- ii. CFEH k J bill Medicare Uj Uddfcdf]Uhy Zcf cW/Uf WdbX]hcb services.
- iii. Referring practitioners should understand that a management recommendation cannot be made based on single test results alone.
- iv. Referring practitioners must ensure their patient returns to them for continuing care once CFEH reports have been received.
- v. Referring practitioners must ensure that timely treatment of ocular conditions is not adversely delayed by referral to the Centre.

3.3 Exceptional Cases

- i. 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 it is then their responsibility to manage the patient appropriately.
- ii. If a consultant ophthalmologist opinion is sought, the referred individual will be registered with SESIAHS.

3.4 Contact with CFEH

- i. Registered practitioners will receive information concerning changes to CFEH services and protocols as well as information on relevant opportunities.
- ii. Registered practitioners are encouraged to contact CFEH with regard its services, including seeking clarification about a specific patient report.
- iii. Registered practitioners will be required to notify CFEH of any change to their registration details (such as name, address and phone number).

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.



I INTRODUCTION

1.1 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.

1.2 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.

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:

- i. For 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.
- ii. For therapeutically endorsed optometrists: A shared care arrangement to manage patient's glaucoma status in conjunction with the therapeutically qualified referrer.

2 CFEH

2.1 Standard Procedures

- i. All tests conducted at CFEH are routine clinical tests and do not involve experimental procedures.
- ii. Only practitioners registered with CFEH can refer patients to the Centre.
- iii. UNSW students may observe the consultation and assist with visual field testing and other imaging as needed.
- iv. The testing performed at CFEH will require pupil dilatation.
- v. 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.
- vi. CFEH follows The UNSW Australia policies and procedures relating to research and publication.

2.2 Patient Management

- i. 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.
- ii. 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

2.3 Contact with Referrer

- i. CFEH may need to contact the referring practitioner for further information.
- ii. 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.
- iii. 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

- i. 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.
- ii. 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.
- iii. 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.

Thank you for registering to refer to the Glaucoma Management Clinic (GMC) at Centre for Eye Health (CFEH). We are collecting additional referrer information to help us assess the effectiveness of the GMC and maintain future operations. Please take a few minutes to complete the questions below.

Please fax completed form to 02 8115 0799

| | |
|----------|--|
| 1 | Please enter your name: _____ Provider number: _____ Practice name: _____ |
| 2 | If you are therapeutically qualified, do you have a <u>formal glaucoma collaborative care arrangement</u> with a private ophthalmologist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Informal <input type="checkbox"/> In preparation <input type="checkbox"/> I am not therapeutically qualified |
| 3 | Does your practice have the following: (<i>please tick all that apply</i>) <input type="checkbox"/> Fundus camera <input type="checkbox"/> OCT. Please specify model(s) [e.g. Cirrus, Topcon, Nidek]: <input type="checkbox"/> GDx _____ <input type="checkbox"/> Pachymeter <input type="checkbox"/> Perimeter. Please specify model(s) [e.g. Matrix, Medmont]: <input type="checkbox"/> Gonioscopy lens _____ |
| 4 | Which tonometer(s) do you have? (<i>please tick all that apply</i>) <input type="checkbox"/> iCare <input type="checkbox"/> NCT <input type="checkbox"/> Perkins / Goldmann <input type="checkbox"/> Other. Please specify: <input type="checkbox"/> Tono-Pen _____ |

Thank you for completing this form. We appreciate your time and support.

If you have any queries please contact us at enquiries@cfeh.com.au



OPTOMETRIST INFORMATION STATEMENT AND CONSENT FORM FOR CFEH RESEARCH AND CLINICAL EFFICIENCY REVIEW

In addition to providing NSW and ACT residents with free access to advanced eye imaging and assessment services, Centre for Eye Health (CFEH) is a valuable resource for research and committed to a stringent clinical efficiency review process. The information we gather from our clients and referrers will enable us to streamline patient referral and management processes. We also provide feedback to funding agencies and research analysts to maintain support for the CFEH and develop strategies for improved patient management. Before we can report information provided by you to third parties, we need your permission.

Confidentiality and Disclosure of Information

Information collected from referral and referral-related forms to CFEH, that can be identified with you or your patient, will remain confidential and will not be disclosed, except as required by law when requested. If you give us your permission by signing this document, we may use the information we have collected from your referral forms to report on clinical management and efficiency in the area of eye health. **Note: In any published material, information will be presented in such a way that you and the referred patient cannot be identified.**

Voluntary Participation and Withdrawal

Giving CFEH permission to use your information for research and reporting purposes is voluntary. You may decide not to give us permission or withdraw your permission at any time without penalty.

Communication of Findings

CFEH will communicate significant findings via the CFEH website, funding agencies, conference presentations and peer reviewed scientific publications.

Complaints

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, Sydney 2052 NSW (phone: 9385 4234, fax: 9385 6648, email: ethics.sec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

Questions

Should you have any questions about research or review processes conducted at CFEH, please feel free to ask us. Michael Yapp, Chief Optometrist (enquiries@cfeh.com.au or 02 8115 0700) will be happy to answer questions.

Permission

Having read the information provided above, please indicate below whether you have decided to allow CFEH to use your information for research and review purposes by signing below.

Declaration by of consent

I have read and understand the information outlined above. I freely give CFEH permission to use the information that I provide on referral and referral-related forms for review and research purposes and understand that I am free to withdraw at any time.

Referrer Signature: _____

Referrer Name: _____

Date: _____