



SCHOOL OF OPTOMETRY

INDIANA UNIVERSITY

**Cornea and Contact Lens
Optometry Residency Program**

**Information Manual
2008-2009**

**INDIANA UNIVERSITY
School of Optometry
800 East Atwater Avenue
Bloomington, IN 47405**

Table of Contents

| | |
|---|----|
| Key Personnel | 2 |
| Mission, Vision and Goals..... | 3 |
| Indiana University Cornea and Contact Lens Residency Background..... | 3 |
| Cornea and Contact Lens Optometry Residency Mission Statement and Goals | 4 |
| Mission Statement..... | 4 |
| Program Goals | 4 |
| Curriculum Description | 9 |
| Standards for Didactic and Clinical Optometric Education..... | 14 |
| Observation Abilities | 15 |
| Communication abilities | 16 |
| Sensory and Motor Abilities | 16 |
| Intellectual-Conceptual, Integrative and Quantitative Abilities | 16 |
| Behavioral and Social Attributes | 17 |
| Indiana University School of Optometry Clinic Dress Code Policy | 18 |
| Residency Term, Benefits and Completion | 20 |
| Facility Safety Policies..... | 18 |
| Evaluation Process | 21 |
| Counseling, remediation, and dismissal of the resident..... | 22 |
| Receiving adjudicating and resolving resident complaints..... | 22 |
| Due process provided to the resident on adverse decisions..... | 23 |
| Physical Facilities: | 23 |
| Equipment:..... | 24 |
| Support from Ancillary Staff: | 24 |
| Orientation | 25 |
| Resident’s Weekly Schedule..... | 25 |
| Clinical Administrative Rules of Engagement | 26 |
| Bloomington clinics | 26 |
| Billing for Cornea and Contact Lens Examinations | 27 |
| Documentation of Examination Procedures | 29 |
| Medical Decision Making..... | 29 |
| Types of decision making | 30 |

Cornea and Contact Lens Optometry Residency Program

Key Personnel

Interim Dean of IUSO

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Director of Residencies

Steven Hitzeman, OD
(812) 855-4979

Residency Program Coordinator

Susan Kovacich, OD
(812) 856-5699

Clinical Administrative Coordinator

Laura Robinson
(812) 855-4979

Director of Student Administration

Cindy Vance
(812) 855-0081

Director of Technology (and library services)

Douglas Freeman
(812) 855-8629

Faculty directly involved in residency program

| | |
|------------------------|---------------------|
| Neil Pence, OD | (812) 855-9340 |
| Carolyn Begley, OD, MS | (812) 855-0520 |
| Jane Ann Grogg, OD | (812) 855-6353 (HC) |
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Cornea and Contact Lens Clinical Coordinator

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Mission, Vision and Goals

The mission of the School of Optometry is to protect, advance and promote the vision, eye care and health of people worldwide by preparing individuals for careers in optometry, the ophthalmic industry and vision science and by advancing knowledge through teaching, research and service. This will be accomplished through the Doctor of Optometry, Optician/Technician, Residency, and Graduate Programs.

The vision of the School of optometry is to be at the leading edge of vision care for the people of the world.

The goals of the School of Optometry focus on six areas:

1. Teaching. To be recognized for excellence and leadership in teaching.
2. Patient Care. To supply students with sufficient numbers, diversity and quality of patient experiences that will provide them with the clinical education to become proficient in performing patient care. At the same time, the goal is to provide timely, appropriate and quality care to the patients.
3. Research. To increase the research activity of our faculty and students, to improve the research profile of the faculty and school, and to be a recognized leader in vision science and vision health research.
4. Service. To increase the service activity of our faculty, staff and students; to be recognized nationally/internationally as a leader in service to the profession and vision science; and to have a level of service within the university and community to be recognized as outstanding citizens.
5. Facilities. To have state-of-the-art physical facilities and equipment that creates an integrative approach to education, research, training and service delivery.
6. Finances. To maintain funding that allows for sufficient faculty and staff continued growth, up-to-date facilities and the ability to take advantage of opportunities that arise.

Indiana University Cornea and Contact Lens Residency Background

A Residency in Cornea and Contact Lens at the Indiana University (IU) School of Optometry was initiated on July 1, 1991 with one residency position. In light of the ACOE request that all residencies have standardized titles, this residency is now designated a Residency in Cornea and Contact Lens. In this fifty-three postgraduate clinical education program, the resident is considered an employee of Indiana University and a faculty member with the rank of Visiting Clinical Faculty. The title is used for Indiana University benefit purposes only. The resident is based in the Cornea and Contact Lens Clinic of the IU School of Optometry Atwater Eye Care Center. The resident also spends clinical time at the IU Student Health Center.

Cornea and Contact Lens Residency Mission Statement and Goals

Mission Statement

The mission of the Residency program in Cornea and Contact Lenses is to provide advanced competency in the areas of contact lenses, cornea and anterior segment treatment and management, through education, patient care experiences, and scholarship.

Program Goals

Goal 1

To provide the highest quality of cornea and contact lens care utilizing currently accepted standards of care, techniques, and technology.

Objectives:

1. The resident will provide patient care consistent with the American Optometric Association clinical care guidelines and other current evidence based guidelines.
2. The resident will learn to use current contact lens materials and solutions, and use current technology to aid in contact lens fitting and the diagnosis and management of cornea and anterior segment disease, including topographers and digital anterior segment photography.

Goal 2

To provide a diverse clinical patient base to assure advanced clinical competency in cornea and contact lenses, including the diagnosis and management of ocular conditions, the management of ocular emergencies and trauma, and advanced clinical competency in primary care optometry.

Objectives:

1. The resident will examine and treat approximately 1500 patients throughout their residency. Approximately 1000 of those patients will be contact lens patients, 150 will be red eye patients, and 300 will be primary care examinations.
2. The resident will see approximately 50-100 patients in the walk-in IU Health Center Eye Clinic. At the center the resident will advise optometry students and see their own patients with emergent red eye situations as well as ocular trauma.
3. The resident will see approximately 300 patients in the primary care setting while advising students and helping them diagnose and manage the patient.
4. The resident will be expected to provide after hours call coverage a maximum of one week for every three to four week period.
5. The resident will become proficient with therapeutic agents used to manage and treat cornea and anterior segment disease.
6. The resident will have the opportunity to interact with a variety of corneal specialists and observe a variety of different surgical procedures.

7. The resident will learn standard protocols for treatment of refractive and anterior segment conditions with contact lenses and the treatment of cornea and anterior segment disease.

Goal 3

To expose the resident to didactic and teaching experiences which will serve to prepare the resident for careers in advanced areas of optometric practice and/or academics.

Objectives:

1. The resident will be required to provide clinical supervision of optometric interns in a primary care setting under the mentorship of primary care clinical faculty.
2. The resident will be required to organize and participate in weekly Case Conference Seminars for fourth year IUSO optometric interns.
3. The resident will be required to give one lecture in the Case Conference Seminars to the fourth year IUSO optometric interns.
4. The resident will remain current with the cornea and contact lens specialty by attending continuing education classes and seminars related to cornea and contact lens topics, reviewing pertinent articles and books, and actively engaging in discussions of relevant topics with program faculty.
5. The resident will attend at least one scholarly meeting with lectures dedicated to contact lenses and anterior segment care, such as the AAO, AOA, or the Global Keratoconic Congress.
6. The resident will be encouraged to attend contact lens specific residency workshops such as the GPLI and Vistakon Contact Lens Residency Workshops when possible.
7. The resident will organize and serve as a workshop instructor for Contact Lens Workshops held at IUSO. These may include the Coopervision Bifocal Contact Lens Workshop and Teague Toric Workshop, among others.

Goal 4

To attract a qualified applicant pool, and to select the best applicant from that pool.

Objectives:

1. To inform all fourth year students in the schools and colleges of optometry in the United States and Canada about the residency program.
2. To have an IUSO representative available to answer questions and discuss the program at national meetings, such as the AOA and the Academy, attended by optometry students
3. A brochure will be created to highlight the program's characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be updated annually.
4. The residency program will be promoted in the AOA Newsletter and other appropriate optometric publications each year.
5. The residency program will be listed and described on the Indiana University School of Optometry web site.

6. To be considered for the program, each candidate must apply through the Optometry Residency Matching Service (ORMS) and submit the following by the application deadline:
 - a. Letter of intent stating reasons for applying to the program
 - b. Curriculum vitae or resume
 - c. Official transcripts from all optometric education and other graduate school work.
 - d. Scores from Parts I and II of the National Board of Examiners in Optometry
 - e. Letters of reference from three faculty or adjunct faculty members who have been most familiar with the applicant's clinical performance, and the applicant's professional abilities and academic performance.
7. To be considered for selection, all qualified applicants must be interviewed by the Coordinator of the Cornea and Contact Lens Residency, Director of Residencies and selected contact lens faculty. After consultation, the Coordinator will rate each applicant in the areas of didactic/clinical experience, interpersonal skills, knowledge, patient management skills, integrity and motivational status.
8. To allow candidates the opportunity to visit Indiana University School of Optometry, tour the clinical facility, become more familiar with the program and speak directly with the resident currently enrolled in the program.
9. To rank the applicants following review of all application materials and the interview, to submit the rankings to ORMS and to accept the ORMS-matched resident.

Goal 5

To provide the resident with the opportunity to learn about and participate in scholarly activities in cornea and contact lenses.

Objectives:

1. The resident is required to complete a research paper, literature review or a case report of publishable quality by the end of the program, with the goal of presenting the results as a paper, poster or publishable article during the program year, or within one year of the program's completion.

Goal 6

To stimulate a commitment to service in the resident.

Objectives:

1. The resident will be encouraged to become actively involved in the optometric community by encouraging membership and participation in national, state, and local optometric organizations.
2. The resident will participate in various volunteer activities such as various community health fairs and screenings, community educational opportunities, and other similar events.

Goal 7

To provide facilities and equipment appropriate to meet the needs of the program.

Objectives:

1. To provide an office and telephone for the resident's exclusive use.
2. To provide an IBM-compatible networked computer and printer access for the resident.
3. To provide clinical equipment appropriate to achieve the goals the program.
4. To provide full use *of* and easy access to the on-campus IUSO library and all its resources.

Goal 8

To provide faculty and administrative support appropriate with the needs of the residency program.

Objectives:

1. To provide clinical faculty who will be available at all times for consultation, case discussion and assistance for the resident's entire patient care experiences. This includes availability after regularly scheduled clinic hours for emergency cases.
2. To make available all support services and staff who are typically available for the faculty.
3. To meet weekly with the Program Coordinator to discuss issues of concern.

Goal 9

To provide adequate record-keeping to help document the performance of the program in meeting the above goals and objectives, as well as any other basic record-keeping requirements of the program.

Objectives:

1. The resident will perform a semi-annual review of the residency coordinator.
2. The resident will perform a semi-annual review of each non-coordinator faculty member.
3. The resident will perform a semi-annual review of the residency program.
4. The residency coordinator will perform a quarterly review of the resident.
5. The residency program will conduct an annual program review.
6. The residency coordinator will perform a semi-annual quality assurance review of the resident to ensure the resident is providing quality patient care.
7. The resident will provide a quarterly listing of all patient encounters.
8. The resident will provide a quarterly listing of the resident's teaching and didactic experiences.

Goal 10

To evaluate and enhance the residency program on an on-going basis and to conduct a program of such quality as to merit accreditation by the Accreditation Council on Optometric Education (ACOE).

Objectives:

1. For the Program Coordinator and Director of Residencies to continuously monitor and evaluate the program to review and discuss the status of the program and proposed changes.
2. For each resident to complete an evaluation of all aspects of the residency program at mid-year and at the end of the program.
3. For the Program Coordinator and Director of Residencies to meet at the end of each program year to review the recently completed year, determine if the program is meeting ACOE's Optometric Residency Standards, and to address any deficiencies.

Curriculum Description

Indiana University School of Optometry Cornea and Contact Lens Residency

This is a full-time, 53-week residency program, beginning on the last week of June and ending on the following June 30th of each residency year. The first four weeks of the program are devoted to resident orientation. The focus of the program is on clinical care, but also includes didactic education and scholarly activity. The resident is involved in direct patient care a minimum of 4.5 days each week. The remainder of the resident's time is devoted to academic interests such as student case conference supervision, independent study and lecturing. The resident is also required to be available for after-hours emergency care on a rotating basis (one week out of every three to four weeks).

Patient Care (approximately 85% of the program)

The resident is required to complete rotations in the Cornea and Contact Lens Clinic, the Indiana University Student Health Center Eye Clinic as well as the Primary Eye Care Clinic. Advanced competency achievement goals for each rotation are listed below.

Goals for Cornea and Contact Lens Clinic:

1. To enhance the resident's skills and efficiency in the fitting of contact lenses and the diagnosis and management of cornea and anterior segment disease including:
 - Soft contact lens fitting including hydrogel and silicone hydrogel lenses in spherical, toric and multifocal designs
 - Rigid contact lens fitting including spherical, aspheric, bitoric, multifocal, specialty keratoconic designs, large diameter lenses, reverse geometry lenses, and postsurgical lenses
 - Hybrid contact lenses
 - Treatment of cornea and anterior segment disease

2. To become proficient in the testing and interpretation of the following advanced diagnostic equipment:
 - Orbscan and Medmont Topography
 - Digital Anterior Segment Photography
 - Pachymetry

3. To enhance decision making for appropriate referrals to ophthalmic and non-ophthalmic medical providers, and for appropriate laboratory tests.

These goals are met through regular resident patient encounters in the Cornea and Contact Lens. This is a full-year rotation of four full days of Cornea and Contact Lens Clinic per week, supervised by Susan Kovacich, OD, FAAO, Neil Pence, OD, FAAO and Carolyn Begley, OD, FAAO. These goals are further met through supervised patient encounter one half day per week in the Primary Care Clinic while supervised by Primary Care Consultants.

Goals for Indiana University Student Health Center

1. To enhance the resident's skills in the diagnosis and management of:
 - ocular trauma
 - anterior segment infections
 - foreign bodies
 - ocular allergies
 - neuro-ophthalmic emergencies (including neurological exam screenings)
 - contact lens related problems
 - ear, nose and throat examinations
2. To become proficient in the interpretation of laboratory and imaging studies
3. To enhance the intra and inter-professional communication with nurse practitioners, physician assistants and family practice physicians

These goals are achieved through a 6-month to year long rotation of one half-day rotation at the Indiana University Student Health Center. The resident is supervised by the attending optometrist Jane Ann Grogg, OD and nurse practitioner Lois Kauffman. The resident also works in coordination with the family practitioners, nurse practitioners, physician assistants, and pharmacists employed at the student Health Center.

Goals for Ophthalmology Sub-specialty Clinic Rotations (Optional)

1. To enhance the resident's skills in the diagnosis and management of advanced corneal diseases including:
 - Keratoconus
 - infectious keratitis
 - hereditary corneal diseases
 - auto-immune related anterior segment disease
 - anterior segment trauma
 - dry eye

- refractive surgery management

Goals for Primary Care Clinic

1. To enhance skills in diagnosis and management of:
 - refractive disorders
 - binocular vision and accommodative disorders
 - contact lens fitting and management
 - ocular disease

These goals are met through a year long rotation, one to two half-days per week of regular patient encounters in the Primary Eye Care Clinic. The resident is supervised by Primary Care faculty at all times.

Goals for On Call Service

1. To enhance the resident's skill in triage of patients based upon presenting complaints
 - Indications for immediate vs. scheduled evaluation
 - Indications for immediate referral

2. To enhance the resident's skill in the diagnosis and immediate management of:
 - ocular trauma
 - anterior segment infections
 - foreign body removal
 - retinal and neuro-ophthalmic emergencies
 - ocular allergies
 - contact lens related problems
 - ocular chemical burns.

These goals are achieved by a year long rotation of after-hour on-call service of which the resident is responsible one week out of every three week period. This is supervised by the attending optometrist Dr. Kovacich.

Teaching/Didactic/Scholarly Program (overlaps with patient care; lecturing and case conference, and other non-patient related activities is approximately 15% of the program)

The resident gains experience in teaching not only by consulting with 3rd and 4th year students throughout the residency program, but also through regular case conference, grand round presentations.

Goals for Teaching:

1. To enhance the resident's skills in clinical consulting with optometry students:
 - Early in the residency year, prior to beginning 3rd year primary care clinic consulting, the resident participates in an orientation meeting lead by a consultant in the Primary Care Clinic. The resident is given a hand out of expectations, policies and procedures (including grading) for consulting in primary care clinic.
2. To enhance the resident's skills in preparing and delivering lectures
 - Prepare and deliver a minimum of one presentation to the 4th year Case Conference lecture series.
3. To enhance the resident's skill in leading small group discussions:
 - Supervise and critique all 4th year student case conference presentations
 - Lead case conference discussions on patient care, diagnosis and management, at the end of each 3rd year primary care clinic day.

Didactic Program

It is the goal of the didactic portion of the curriculum to enhance the other aspects of the program. The resident spends the equivalent of one half day each week in didactic studies, primarily in the 4th year Case Conference. A discussion of each component is listed below.

1. 4th Year Student Case Conference

Meets every Thursday morning 8am-12pm. The Case Conference includes a lecture series on various topics including: contact lens lectures, binocular vision/pediatric lectures, medical malpractice and other insurance lectures, billing and coding lectures, grand round slide quizzes from guest lectures, ophthalmic company presentations (ex: CIBA Vision, Alcon, Allergan, Vistakon etc.).

Each 4th year student must give a 10 minute presentation on a subject related to optometry and the resident is in charge of supervising and critiquing these presentations each week. The resident also organizes slide quizzes for the 4th year students to be administered at least two times during each 12 week student rotation. Finally, the resident is required to give a minimum of one, 30 minute grand round presentation to the 4th year class during Case Conference.

Scholarly Activity

The resident is required to write a research paper or a case report of publishable quality as part of their completion of the residency to be presented as a paper, poster or publication. The resident also has the opportunity to work with faculty members who are involved in research projects and are encouraged to come up with their own research project. To facilitate this development the resident has full access to the Borish Center, the School's library and computer facilities. The resident may choose and are encouraged to present their work at professional meetings, such as AAO, AOA, SECO, and/or ARVO meeting.

The term of the residency is fifty-three weeks, June 25th through June 30 of the following year. This is stated in the appointment letter the resident receives.

Selection Process for Residents

All fourth year students in the schools and colleges of optometry in the United States and Canada are informed about the residency program.

IUSO representatives are available to answer questions and discuss the program at national meetings, such as the AOA and the Academy, attended by optometry students.

A brochure is created to highlight the program's characteristics and to allow potential applicants to achieve a better understanding of the residency. This brochure will be updated annually.

The residency program is promoted in the AOA Newsletter and other appropriate optometric publications each year.

The residency program is listed and described on the Indiana University School of Optometry web site.

To be considered for the program, each candidate must apply through the Optometry Residency Matching Service (ORMS) and submit the following by the application deadline:

- Letter of intent stating reasons for applying to the program
- Curriculum vitae or resume
- Official transcripts from all optometric education and other graduate school work.
- Scores from Parts I and II of the National Board of Examiners in Optometry
- Letters of reference from three faculty or adjunct faculty members who have been most familiar with the applicant's clinical performance, and the applicant's professional abilities and academic performance

To be considered for selection, all qualified applicants must be interviewed by the Coordinator of the Cornea and Contact Lens Residency, Director of Residencies and selected contact lens faculty. After consultation, the Coordinator will rate each applicant in the areas of didactic/clinical experience, interpersonal skills, knowledge, patient management skills, integrity and motivational status.

All candidates are allowed the opportunity to visit Indiana University School of Optometry, tour the clinical facility, become more familiar with the program and speak directly with the resident currently enrolled in the program.

The candidates are ranked following review of all application materials and the interview, by the Coordinator of the Cornea and Contact Lens Residency, Director of Residencies and selected contact lens faculty and the Coordinator submits the rankings to ORMS.

Requirements for Residency Completion and Awarding of Certificate

The academic term of the residency is fifty-three weeks beginning the last week of June and ending June 30th of the following year.

The resident is expected to work a minimum of 50 hours per week. The resident is also expected to provide emergency on-call services at a maximum of every other week.

The resident's annual compensation is \$28,500 and is not contingent upon the productivity of the resident. In addition the resident will receive \$100 for every week spent on emergency on-call service.

Health, professional and leave benefits provided to the resident are equivalent to those provided to all faculty members of Indiana University. These include medical and dental insurance, life insurance, disability insurance, retirement contributions, paid time off and sick time. The Faculty Human Resources Policy is available on the web (www.indiana.edu/~hrm/) and will also be available on site. In addition, the School provides the resident with \$900 travel stipend and time off for attendance at professional optometric organization meetings and continuing education courses.

Full professional liability insurance protection is provided to the resident for both internal and external clinical settings through the school.

The resident must complete the requirements listed on the Curriculum Description in order to successfully complete the residency. A certificate of completion is awarded upon satisfactory completion of these requirements.

Standards for Didactic and Clinical Optometric Education

The mission of Indiana University School of Optometry is to produce graduates who are fully qualified to provide quality comprehensive eye care services to the public. To fulfill this mission, I.U. School of Optometry and its affiliated External Rotation Sites must ensure that students demonstrate satisfactory knowledge and skills in the provision of optometric care.

The functional standards as outlined by the Association of Schools and Colleges of Optometry (ASCO), January 12, 1998, require that the student possess appropriate abilities in the following areas: 1) observation; 2) communication; 3) sensory and motor coordination; 4) intellectual-conceptual, integrative and quantitative abilities; and 5) behavioral and social attributes. Each of these areas is described in this document.

In any case where a student's abilities in one of these areas are compromised, he or she must demonstrate alternative means and/or abilities to meet the functional requirements. It is expected that seeking and using such alternative means and/or abilities shall be the responsibility of the student. Upon receipt of appropriate documentation, the school or site will be expected to provide reasonable assistance and accommodation to the student.

Observation Abilities

The student must be able to acquire a defined level of required knowledge as presented through lectures, laboratories, demonstrations, patient interaction and self-study. Acquiring this body of information necessitates the functional use of visual, auditory and somatic sensation enhanced by the functional use of other sensory modalities. Examples of these observational skills in which accurate information needs to be extracted in an efficient manner include:

Visual Abilities (as they relate to such things as visual acuity, color vision and binocularity):

1. visualizing and reading information from papers, films, slides, video and computer displays.
2. observing optical, anatomic, physiologic and pharmacological demonstrations and experiments.
3. discriminating microscopic images of tissue and microorganisms.
4. observing a patient and noting non-verbal signs.
5. discriminating numbers, images and patterns associated with diagnostic tests and instruments.
6. visualizing specific ocular tissues in order to discern three-dimensional relationships, depth and color changes.

Auditory Abilities:

1. understanding verbal presentations in lecture, laboratory and patient settings.
2. recognizing and interpreting various sounds associated with laboratory experiments as well as diagnostic and therapeutic procedures.

Tactile Abilities:

1. palpating the eye and related areas to determine the integrity of the underlying structures.
2. palpating and feeling certain cardiovascular pulses.

Communication abilities

The student must be able to communicate effectively, efficiently and sensitively with patients and their families, peers, staff, instructors and other members of the health care team. The student must be able to demonstrate established communication skills using traditional and alternative means. Examples of required communication skills include:

1. relating effectively and sensitively to patients, conveying compassion and empathy.
2. perceiving verbal and non-verbal communication such as sadness, worry, agitation and lack of comprehension from patients.
3. eliciting information from patients and observing changes in mood and activity.
4. communicating quickly, effectively and efficiently in oral and written English with patients and other members of the health care team.
5. reading and legibly recording observations, test results and management plans accurately.
6. completing assignments, patient records and correspondence accurately and in a timely manner.

Sensory and Motor Abilities

Students must possess the sensory and motor skills necessary to perform an eye examination, including emergency care. In general, this requires sufficient exteroception sense (touch, pain, temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and fine motor function (significant coordination and manual dexterity using arms, wrists, hands and fingers). Examples of skills required include:

1. instillation of ocular pharmaceutical agents.
2. insertion, removal and manipulation of contact lenses.
3. assessment of blood pressure and pulse.
4. removal of foreign objects from the cornea.
5. simultaneous manipulation of lenses, instruments and therapeutic agents and devices.
6. reasonable facility of movement.

Intellectual-Conceptual, Integrative and Quantitative Abilities

Problem solving, a most critical skill, is essential for optometric students and must be performed quickly, especially in emergencies. In order to be an effective problem solver, the student must be able to accurately and efficiently utilize such abilities as measurement, calculation, reasoning, analysis, judgment, investigation, memory, numerical recognition and synthesis. Examples of these abilities include being able to:

1. determine appropriate questions to be asked and clinical tests to be performed.
2. identify and analyze significant findings from history, examination and other test data.
3. demonstrate good judgment and provide a reasonable assessment, diagnosis and management of patients.
4. retain, recall and obtain information in an efficient manner.
5. identify and communicate the limits of one's knowledge and skill.

Behavioral and Social Attributes

The student must possess the necessary behavioral and social attributes for the study and practice of optometry. Examples of such attributes include:

1. satisfactory emotional health required for full utilization of one's intellectual ability.
2. high ethical standards and integrity.
3. an empathy with patients and concern for their welfare.
4. commitment to the optometric profession and its standards.
5. effective interpersonal relationships with patients, peers and instructors.
6. professional demeanor.
7. effective functioning under varying degrees of stress and workload.
8. adaptability to changing environments and uncertainties inherent in patient care.
9. positive acceptance of suggestions and constructive criticism.

Patient Care Standard of Practice

The residency site subscribes to the tenants of evidence-based patient care as expressed the AOA Clinical Practice Guidelines. We also use such references as The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease (Fourth Edition), the Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology (Second Edition), and current optometric and ophthalmologic texts and journal articles. Training sessions for faculty, residents, and students are given on blood borne pathogens and hazardous materials management. Clinical faculty is required to maintain current CPR certification according to the American Heart Association training guidelines. Additionally, the resident is bound by the protocols and policies outlined in the Indiana University School of Optometry Clinic Policy and Protocol manual, located online at www.opt.indiana.edu/manual.

The resident undergoes a Routine Case Review that is done by the Coordinator of the Residency. The Coordinator will select randomly records the resident has worked on and evaluate the information. The records will be evaluated qualitatively according to the Clinical Practice Guidelines. Once the charts are reviewed the Coordinator will give the evaluations to the resident and they will discuss any problems found within the records.

In order to assure that the School of Optometry is delivering patient care according to acceptable standards, an ongoing process of quality assessment and monitoring has been developed. It is monitored in all of our clinics for all faculty, residents, staff, and students. The Chair of the Quality Assurance Committee and the Director of Clinics work together to continually update the Quality Assurance Program. The QA is done by using two protocols. The first is a Routine Case Review. Each chart is qualitatively assessed according to the published Clinical Practice Guidelines, reviewing the quality of care provided and determines if the accepted standard of clinical care was provided. The chart is first reviewed by a fourth year clinician which is strictly objective in nature. This allows the student to develop a greater appreciation for the importance of appropriate

medical record keeping and allows them to learn from reviewing case records. The record is then peer reviewed. All faculty undergo the review process by having 10 records randomly selected and examined. The second protocol is an Incident Review. This is built in for an unexpected occurrence or variation involving serious physical or psychological injury, or the risk thereof. A root Cause Analysis will be done to investigate such an incident. A copy of Indiana University School of Optometry's Quality Assurance Program is located online at www.opt.indiana.edu/manual.

Supervision Policy

The resident has independent privileges identical to those of faculty. However, he/she is supervised in a controlled and graduated manner. There is close, full time supervision at the onset of the program gradually giving way to full autonomy monitored by the regular Quality Assurance protocol of the clinic. The orientation of the resident involves observation only in the first month of the residency year to fully orient the resident to patient care services of the residency. The Program Coordinator or other faculty members are always accessible for consultation when patient care is rendered.

The resident is allowed an increasing amount of independence throughout the academic year as his or her clinical skills develop. Because the program is set in a teaching clinic environment, the organization and design are conducive to the support and development of optometric practitioners.

Indiana University School of Optometry Clinic Dress Code Policy

The purpose of the Dress Code Policy is to provide a uniform guideline that reflects an appropriately professional atmosphere as a health care facility to all patients and other visitors.

This Dress Code Policy applies to all clinic personnel in all service units/areas during posted hours of clinic operation. This policy includes all faculty, students, staff, and work studies whenever on the clinic premises. If you enter any of our clinics for any reason i.e., research, discussion, checking on schedules, looking for classmates or colleges, etc, you must conform to the clinic dress code.

Name Tags

All faculty, staff, students and work studies must be identified by a name tag while on the clinic floor. The name tag should be kept current

Lab Jackets/Coats

General Comments: lab coats should be cleaned and pressed regularly.

Interns and Technician Students: a lab jacket (short length, white) is required unless climate control problems are present in the clinic. This policy applies to activity in all patient care areas including the dispensary.

Staff: A lab coat or uniform is required unless climate control problems are present in the clinic. The shirt worn beneath the lab coat should be appropriately modest.

Faculty: A lab coat (long length, white) is required during patient care activities unless climate control problems are present in the clinic.

Work Study: A lab coat is strongly recommended.

Proper Attire (Women): Good common sense and professionalism should dictate daily attire.

Dresses and skirts should be of an appropriately modest length (no more than 2 inches above the knee). Mini-skirts, and revealing necklines, and spaghetti straps are not appropriate. Dress walking shorts are permissible when worn with appropriate hose and shoes. Dress slacks are appropriate. The style and fit should be appropriately modest. Sweatshirt material is not considered appropriate.

Dress blouses or tailored shirts are appropriate. T-shirts under cardigan sweaters are not considered appropriate. The blouse or shirt should be appropriately discreet. (No midriff showing) Sweatshirt material is not considered appropriate.

Shoes should be appropriate. Sport tennis shoes are not considered appropriate.

Hair should be clean and well groomed. Long hair should be tied back. Dramatic styles are not appropriate. Make-up should be kept light. Do not come in with wet hair. Be attentive to all aspects of your personal hygiene.

Jewelry should be kept to a minimum. Jewelry in the brow, nose, lip or tongue is not considered appropriate.

Proper Attire (Men): Good common sense and professionalism should dictate daily attire.

Dress slacks are appropriate. Baggy pants and sweatshirt material are not considered appropriate.

Dress shirts and ties are appropriate. T-shirts under cardigan sweaters are not considered appropriate. Casual shirts are not considered appropriate, even when worn with a tie.

Shoes should be appropriate. Socks must be worn. Sport tennis shoes are not considered appropriate.

Hair should be clean and well groomed. Long hair should be tied back. Dramatic styles are not appropriate. Do not come in with wet hair. Be attentive to all aspects of your personal hygiene.

Jewelry should be kept to a minimum. Jewelry in the brow, nose, lip or tongue is not considered appropriate.

Residency Term, Benefits and Completion

The academic term of the residency is one year, which begins on June 25 and ends on the following June 30.

The resident is expected to work a minimum fifty (50) hours per week. In addition, the resident is expected to provide emergency on-call service a maximum of every three to four week period. The resident's annual compensation is \$28,500. This is not contingent upon the productivity of the resident. In addition to their annual salary, the resident is compensated \$100 for every week spent on emergency call service.

Health, professional and leave benefits provided to the resident are equivalent to those provided to all faculty members of Indiana University. These include medical and dental insurance, life insurance, disability insurance, retirement contributions, paid time off and sick time. The Faculty Human Resources Policy is available on the web (www.indiana.edu/~uhrs/) and will also be available on site. In addition, the School provides the resident with a \$900 travel stipend and time off for attendance at professional optometric organization meetings and continuing education courses.

Full professional liability insurance protection is provided to the resident for both internal and external clinical settings.

The resident must complete the requirements listed on the Curriculum Description in order to successfully complete the residency. A certificate of completion is awarded upon satisfactory completion of these requirements.

Facility Safety Policies

During the first week of the residency year, the new resident is oriented to the program. This orientation is designed to adjust the resident to clinic policies of the Indiana University School of Optometry, including clinical practice protocols, facility safety policies, and infection control and is conducted by the Program Coordinator. Additionally, all schedules, questions and concerns regarding the program are addressed at this time. The new resident receives the resident handbook, the clinic policy and

protocol manual, and during this week any other questions are answered about the orientation process and the policies of the School of Optometry. A second orientation period is provided for all IU School of Optometry residents in a joint meeting with the Director of Residencies and all the affiliated residency program coordinators. New residents are not allowed to participate in patient care until the Program Coordinator has oriented the resident, has determined competency, and the resident has completed the certification process.

A copy of the Residency Handbook is available on-site.

The following documents contain the policies and procedures of the Indiana University School of Optometry with respect to the resident and residency program:

The Indiana University School of Optometry Bulletin (available online at www.opt.indiana.edu/programs/bulletin.pdf)

The Indiana University School of Optometry Clinical Policy and Protocol manual (available online at www.opt.indiana.edu/manual/index.htm)

The Indiana University Code of Student Rights, Responsibilities, and Conduct (available online at www.dsa.indiana.edu/Code)

Evaluation Process

The resident and the Program Coordinator meet at the beginning of the year to set goals for the residency. The resident is evaluated quarterly by the Program Coordinator (see Appendix V-D). In addition, the Coordinator and the resident meet half-way through the residency to discuss how well the goals are being met and whether or not any adjustments need to be made. The Coordinator and resident discuss any existing issues, and make adjustments to the program to ensure all the goals and objectives will be met by the end of the residency. The Program Coordinator and the resident meet at the end of the year for a formal end of the year review. At that meeting the strengths and the weaknesses of the program are discussed. Adjustments are then made to ensure the missions, goals, and objectives will be better met the following year. End of year evaluation forms are filled out by both parties. This and all meetings between the Coordinator and the resident are recorded in the resident's activity log. The resident, the program coordinator, and the director of residencies for the program take part in compiling the Annual Report. They examine the mission statement, goals, and objectives of the program, and look specifically for program strengths, weaknesses, and deficiencies. Any weaknesses or deficiencies identified during this annual review process are discussed by the reviewers, who formulate and implement procedures to correct the shortcomings. Other reviewers may be included as deemed appropriate.

Counseling, remediation, and dismissal of the resident

A resident whose performance in any area is below the expected level should receive counseling from the immediate coordinator at the site. The counseling should be done as soon as the problem becomes apparent. Counseling may include information about outside resources if appropriate.

Specific performance problems may require remediation in addition to counseling. Performance problems shall be documented and reviewed with the resident. The nature and duration of the remediation must be specific to the problem, and must be at the convenience of the site itself. Design and implementation of the remediation plan is the responsibility of the resident's coordinator, in consultation with the resident and with any other appropriate personnel at the site. The IU School of Optometry's Director of Residencies should be informed and consulted in each situation requiring remediation. The plan, including the consequences of failure to meet expected levels, must be described thoroughly and understood by all those involved before the remediation begins. The plan must be in place within 15 days of the identification of the problem.

If the resident shows little or no improvement within the specified time, the resident will be dismissed. If the resident has shown improvement but has not raised performance to the expected level within the specified time, the remediation may be repeated. If the resident does not achieve desired performance levels after two sessions of remediation, the resident will be dismissed.

Residents may also be dismissed for falsification of records, patient endangerment, and for repeated violations of federal anti-discrimination laws – i.e., refusal to provide care to a specific population. In each instance, the offense must be carefully documented, the facts established, and the IU School of Optometry's Director of Residencies consulted before the dismissal is finalized.

Receiving adjudicating and resolving resident complaints

A resident must present a complaint in writing to the immediate coordinator. The coordinator and the resident will discuss the complaint; the discussion will be documented and the resident should review the documentation and agree to its accuracy before the coordinator proceeds. The coordinator should investigate the complaint, and document the steps taken and the findings that result; that documentation and the complaint, which prompted it, should be made available to all concerned parties. If the complaint is one of discrimination, the coordinator should seek the assistance of the site's human resources person in planning any investigation.

In all cases, residents and personnel at Indiana University-affiliated sites are governed by the Equal Employment/Affirmative Action Policy of Indiana University.

Once the complaint has been investigated and judged by the immediate coordinator and by other appropriate people consulted by the coordinator the decision should be delivered

in writing within 30 days of the filing date to the resident and to any parties named in the complaint. Complaints vary in nature, and the methods of resolution should be appropriate to the verified complaint. If the complaint is found to be based in misunderstanding, then the coordinator shall meet with the resident and the named party (or parties) and facilitate understanding by all concerned. In any case, action taken to resolve a substantiated complaint should be documented and made available, and the resident will be made aware of due process.

Due process provided to the resident on adverse decisions

If a resident wishes to appeal a decision by the coordinator, whether regarding remediation/dismissal or the resolution of a complaint, the resident should present the appeal in writing within 15 days of the decision jointly to the person at the next level of authority at the site and to the IU School of Optometry's Director of Residencies, with a copy to the immediate coordinator. Those parties will conduct an investigation on the handling of the situation; the investigation will be documented as well. A joint decision shall be issued in writing within 15 days to all parties involved.

A resident who wishes to appeal this joint decision should present the appeal in writing within 10 days to the Dean of the IU School of Optometry. The Dean shall conduct an investigation, with full record of documentation reviewed and steps taken. The decision of the Dean is final.

Physical Facilities:

Patient care is provided by the resident in the three Indiana University School of Optometry eye clinics: the Atwater Eye Care Center, the Community Eye Care Center, and also the Indianapolis Eye Care Center.

The Atwater Eye Care Center is located in the School of Optometry building at 800 East Atwater Avenue on the Bloomington campus of Indiana University. The building was constructed in 1967 and 1968 with grant support from the Department of Health, Education and Welfare and the National Science Foundation, along with funds from the State of Indiana. It occupies 80,519 square feet of gross space and along with the Atwater Eye Care Center also houses the Cornea and Contact Lens Clinic. The building also has twelve teaching laboratories (including a fully functional ophthalmic technology training lab), a library, a research floor, four support laboratories/shops, faculty/staff offices, a student lounge, a staff lounge, and an administrative complex. The building provides the primary space for didactic and clinical education and training for the Professional (O.D.) program, the Optometric Technology (A.S.) program, and the Graduate (M.S./Ph.D.) program in Vision Science. The Atwater Eye Care Center is located in 11,849 square feet of the second floor. Twenty-six examination lanes are utilized to provide clinical training and education for interns and residents in the areas of primary care, Binocular Vision, Pediatrics and Contact Lenses.

The resident is provided with an office and equipped exam lane within the Cornea and Contact Lens Clinic at AECC to perform vision examinations. In addition, the resident has a dedicated computer may use the public access computers in the School of Optometry library computer lab.

Equipment:

The professional equipment in all the eye care clinics mentioned above is up-to-date and of good quality. Each examination room is fully equipped with standard refracting units including chair, stand, projector, phoropter, biomicroscope, Goldmann style tonometer, and keratometer. Other equipment is available, including tonometers, lensometers, autorefractors/autokeratometers, and digital imaging technology.

Support from Ancillary Staff:

The Cornea and Contact Lens Clinic staff, as well as the front desk and billing staff, at each clinical site are available to the resident for all clinical administrative duties such as scheduling, record keeping and filing, billing, and equipment maintenance. The administrative secretary in the Dean's office is available to provide secretarial support to the resident.

The Optometry Library is a branch of the IU-Bloomington Libraries. Its mission is to support the teaching and research programs of the School of Optometry, including the Professional Optometry Degree Program, the Optician/Technician Program, the Graduate Program in Vision Science, the residency programs, and all vision-related studies at Indiana University. In addition, the Library serves as a visual science resource and information center for residents of the State of Indiana, for alumni of the School, and for vision professionals internationally.

The Optometry Library is open 74 hours per week during the regular semester and 45 hours per week during summer sessions. The annual report of the IU Libraries for 1996-97 shows that the Optometry Library holds 19,306 volumes. The Library is not a historical archive and does not retain every volume indefinitely. Since 1990 the Library has participated in an approval plan, which ensures that it will receive the vision-related output of over 90 trade publishers. Members of the faculty frequently suggest materials for purchase and often are consulted by the library staff when decision for materials and purchases are made. The Library also holds paid and gift subscriptions to over 200 serial titles, including most of the important optometry-related titles published in the English language.

The Optometry Library offers the same type of services as are offered in any conventional library – reference assistance, circulation, and reserves – as well as several progressive services. Residents are provided with assistance in broad-based electronic literature searches and full access to internet resources. The School of Optometry's

website provides the resident with links to optometry and vision research resources on the Web, as well as links to other optometry schools and vision science libraries.

Orientation

During the first week of the residency year, the new resident is oriented to the program. This orientation is designed to adjust the resident to clinic policies of the Indiana University School of Optometry, including clinical practice protocols, facility safety policies, and infection control and is conducted by the Program Coordinator. Additionally, all schedules, questions and concerns regarding the program are addressed at this time. The new resident receives the resident handbook, access to the clinic policy and protocol manual, and during this week any other questions are answered about the orientation process and the policies of the School of Optometry. In addition a residency orientation program is provided for all IU School of Optometry residents in a joint meeting with the Director of Residencies at the school that includes all the affiliated residency program coordinators.

The resident will meet with the Residency Coordinator (Dr. Kovacich) or the Co-Director of the Contact Lens Clinic (Dr. Pence) during their first day to discuss goals, scheduling, insurance certification and clinical policies and procedures. In Bloomington during the first month the resident will be primarily shadowing the clinical faculty to learn how to appropriately consult and interact with students. The goal during this initial period is to allow the resident a transition between being a fourth year student and a member of the faculty at Indiana University School of Optometry. During their year they will gradually be given more freedoms in diagnosing and treating patients. New residents are not allowed to participate in patient care until the Program Coordinator has oriented the resident, has determined competency, and the resident has completed the certification process.

During that first month Dr. Kovacich (or Dr. Pence) and the resident will also discuss contact lens workshops. These workshops and the resident’s responsibilities will be discussed.

During their first day at the Student Health Center Dr. Jane Ann Grogg and nurse practitioner Lois Kaufman will discuss the resident’s responsibilities and orient the resident to the facilities and the electronic medical records.

Sample Weekly Resident Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|------------|---------|--------------|----------|------------|--------------|
| Morning | Cornea and | Student | Contact Lens | Case | Cornea and | Primary care |

| | Contact Lens Clinic Consulting | Health Center Consulting | Lab (Fall) | Conference (Spring) | Contact Lens Clinic Consulting | Consulting (3 rd year interns) |
|-----------|---|---|---|--------------------------|---|---|
| Afternoon | Cornea and Contact Lens Clinic Consulting | Cornea and Contact Lens Clinic Consulting | Cornea and Contact Lens Clinic Consulting | Research and Development | Cornea and Contact Lens Clinic Consulting | |
| Evening | | | Cornea and Contact Lens Clinic Consulting | | | |

Monday- Need to arrive at AECC before 8:00 a.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

Tuesday- **a.m.** Student Health Center to consult with interns. Time TBA
p.m. - Need to arrive at AECC before 1:00 p.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

Wednesday- **a.m.-** Contact Lens Lab. Time TBA
p.m. - Need to arrive at AECC before 1:00 a.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic. Evening clinic starts at 5:00.

Thursday- **a.m.-**Assisting in managing fourth year case conference with the other residents
p.m. – Research and Development time

Friday- **a.m./p.m.-** Need to arrive at AECC before 8:00 a.m., the last appointment is 4:00p.m., to consult in the Cornea and Contact Lens clinic

Saturday- **a.m.-**Third year primary care clinic, clinic starts at 8:00 a.m., need to on the clinic floor, by 7:45 to be ready to assist interns.

Clinical Administrative Rules of Engagement Information Given to Fourth Year Interns

Bloomington clinics

1. White coats to be worn at all times.
2. Interns are required to remain available on assigned clinic days until **at least** 11:30 noon (Saturday), 4:30 p.m. (Tuesday, Wednesday, Thursday), or 7:30 p.m. (Wednesday).
3. Interns must be set up in their exam rooms and ready to go at least 15 minutes **before** the first scheduled appointment, regardless of their own schedule load.
4. Please remain on the clinic floor and available if you are not with a patient.

5. Always put initials on schedule so that others can find you easily.
6. Always return borrowed equipment and supplies in a timely manner.
7. Keep a complete record of all patient encounters.
8. Interns are responsible for the care of their patients from the initial evaluation, through all vision training and evaluation visits, until dismissal from care. If an intern cannot be available for a patient visit, proper arrangements must be made for a substitution.
9. Any referral, be it from an OD or MD, needs a letter. This is **your** responsibility, and it should be done in a timely manner (i.e. less than a week).

Billing for Contact Lens Examinations

Medicare developed the E/M Codes, these are the same codes used by all other insurance companies including Medicaid. There are specific requirements that need to be met in order to bill appropriately. If we consistently over bill and an audit is performed fines will be levied. If we consistently under bill then the school is not being paid appropriately for its time. The following is designed to assist in coding the examination properly. The information comes from the Medicare/Medicaid Update 2001.

Documentation of E/M Services

Components

- a. History
- b. Examination Procedures
- c. Decision Making

History

To qualify for a certain level of history, each of the three elements needs to be met. A chief complaint must be described at each level

| Type of History | History of Present Illness | Review of Systems | Past, Family Social History |
|--------------------------------|----------------------------|-------------------|-----------------------------|
| Problem Focused (PF) | Brief | N/A | N/A |
| Expanded Problem Focused (EPF) | Brief | N/A | N/A |
| Detailed (D) | Extended | Extended | Pertinent |
| Comprehensive (C) | Extended | Complete | Complete |

Guidelines

1. Review of Symptoms and/or Past, Family, Social History obtained during a prior encounter does not need to be re-recorded if there is evidence that it was reviewed and updated.
2. Faculty needs to initial next to the Review of Symptoms on the patient intake form

Definitions of specific components

1. **Chief Complaint:** A clear concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the patient encounter
2. **History of Present Illness:** A description of present illness. Brief and extended History of Present Illness are distinguished by the amount of detail. The History of present Illness should include *Location, Quality, Severity, Duration, Timing, Context, Associated signs, Modifying factors, Symptoms.*
 - i. Brief: Consist of one to three elements
 - ii. Extended: Consist of four elements of the present Illness or the status of at least three chronic or inactive conditions
3. **Review of Symptoms:** The following is a list of systems that are needed to be addressed in the history.

| | |
|---------------------------|------------------------|
| Constitutional symptoms | Eyes |
| Ears, Nose, Mouth, Throat | Cardiovascular |
| Respiratory | Gastrointestinal |
| Genitourinary | Musculoskeletal |
| Integumentary | Neurological |
| Psychiatric | Endocrine |
| Hematologic | Allergic/Immunological |

- i. Problem Oriented: Inquiries about the system directly related to the Chief complaint
- ii. Extended: Inquiries about the system directly related to the Chief complaint and limited number of additional systems
- iii. Complete: Inquires about the system directly related to the Chief complaint and at least 10 organ systems must be reviewed

4. **Past Family and or/ Social History:** The components include Past History, Family History and Social History
 - i. Pertinent: Review of the history directly related to the chief complaint at least one area must be reviewed
 - ii. Complete: Review of at least two of the three areas

Documentation of Examination Procedures

The following is a listing of the elements that must be documented in order to qualify for the different levels of service

1. Test of visual acuity
2. Gross visual fields
3. Test of ocular motility including primary gaze alignment
4. Inspection of bulbar and palpebral conjunctiva
5. Examination of the ocular adnexa including lids, lacrimal gland, lacrimal drainage, orbits and preauricular lymph nodes
6. Examination of the pupils and irises
7. Slit lamp examination of the corneas
8. Slit lamp examination of the anterior chambers
9. Slit lamp examination of the lenses
10. Measurement of the intraocular pressures
11. Ophthalmoscopy examination through dilated pupils of optic discs, including size, C/D and appearance
12. Posterior segment examination including retina and vessels
13. Orientation of time, place and person
14. Mood and affect

| Type of examination | Required Examination Elements |
|----------------------------|--------------------------------------|
| Problem Focused | One to five elements |
| Expanded Problem Focused | At least six elements |
| Detailed | At least nine elements |
| Comprehensive | Perform all elements |

Medical Decision Making

Medical decision making is a vast area of grayness. Below are the components of decision making and suggestion on how to incorporate them for billing purposes.

Three Components of decision making

1. The number of diagnoses or management options
(How hard is the problem to diagnose?)
2. The amount and/or complexity of data gathered and in the record
(What is the information you need to get?)

3. The degree of risk of complications and/or morbidity or mortality
(What is the risk to the patient?)

Types of decision making

| Type of decision | Requirements |
|---------------------|---|
| Straightforward | There are minimal diagnoses or management options. There is not data or only minimal data to be reviewed. The risks of complications, morbidity or mortality are minimal |
| Low Complexity | There are limited diagnoses, management options and date to review. The risks of complications, morbidity or mortality are low. |
| Moderate Complexity | There are multiple possible diagnoses and management options. The amount of data to be reviewed is moderate. The risks of complications, morbidity and mortality are moderate |
| High Complexity | There are extensive possible diagnoses and management options. The amount of data to be reviewed is extensive. The risks of complications, morbidity and mortality are high |

Decision making table: Must meet two of the three sections

| Types of decision making | Number of diagnoses or management options | Amount and complexity of data to review | Risk of complications and morbidity or mortality |
|--------------------------|---|---|--|
| Straightforward | Minimal | Minimal or none | Minimal |
| Low Complexity | Limited | Limited | Low |
| Moderate Complexity | Multiple | Moderate | Moderate |
| High Complexity | Extensive | Extensive | High |

Office Services

| New Patient | Est. Patient | History | Examination | Decisions |
|-------------|--------------|---------------------|----------------------|-----------------|
| 99201 | | Prob. Focus | Prob. Focus | Straightforward |
| | 99211 | None | None | None |
| 99202 | | Expanded Prob Focus | Expanded Prob. Focus | Straightforward |

| | | | | |
|-------|-------|---------------------|----------------------|-----------------|
| | 99212 | Problem Focus | Prob. Focus | Straightforward |
| 99203 | | Detailed | Detailed | Low complexity |
| | 99213 | Expanded Prob Focus | Expanded Prob. Focus | Low Complexity |
| 99204 | | Comprehensive | Comprehensive | Mod. Complexity |
| | 99214 | Detailed | Detailed | Mod. Complexity |
| 99205 | | Comprehensive | Comprehensive | High Complexity |
| | 99215 | Comprehensive | Comprehensive | High Complexity |

New Patients must meet all three components above. Established patients must only meet two of the three components.

Optometric Routine Examinations

Routine eye/vision examinations have their own codes which we utilize. Office visits should be coded with these codes when coming in for their annual eye examination.

| | New Patient | Established patient |
|---------------------------|--------------------|----------------------------|
| Intermediate Examination | 92002 | 92012 |
| Comprehensive Examination | 92004 | 92014 |

The elements of the eye examination are:

- | | |
|---------------------|----------------------|
| Visual Acuities | Anterior Chamber |
| Basic Visual Fields | Lens |
| Eyelids and Adnexa | Intraocular pressure |
| Ocular Motility | Cornea |
| Pupils/Iris | Optic Disc |
| Retina | |

1. An Intermediate examination must consist of seven of the above elements
2. A Comprehensive examination must consist of eight or more elements. It does not to include a dilated fundus examination, posterior pole needs to be viewed with a direct ophthalmoscope

Use of 92065 code

This code is defined as a sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure. This code is a testing code similar to a visual field code. Therefore, this should be paired with an E/M office visit code when used.

Use of Consultation Codes

Consultation codes may be used when a patient is referred from another physician. We may diagnosis and initiate therapy but we cannot take over the care of the patient. We may initiate therapy and then send them back to their doctor for follow-up care. If the physician wants us to manage their patient we should code the appropriate E/M code.

Intermediate 99242

Detailed 99243

Comprehensive 99244

In order to bill using these codes you must have certain documentation

1. Specific written request for the consultation from the requesting physician or a specific reference to the request in the consultant's record. Ideally there should be a request in the patient's chart. If there is no request then the chief complaint should state that the patient's was referred by a specific doctor for a specified reason
2. A letter needs to be written to the referring doctor and a copy of this letter must remain in the patient's chart.