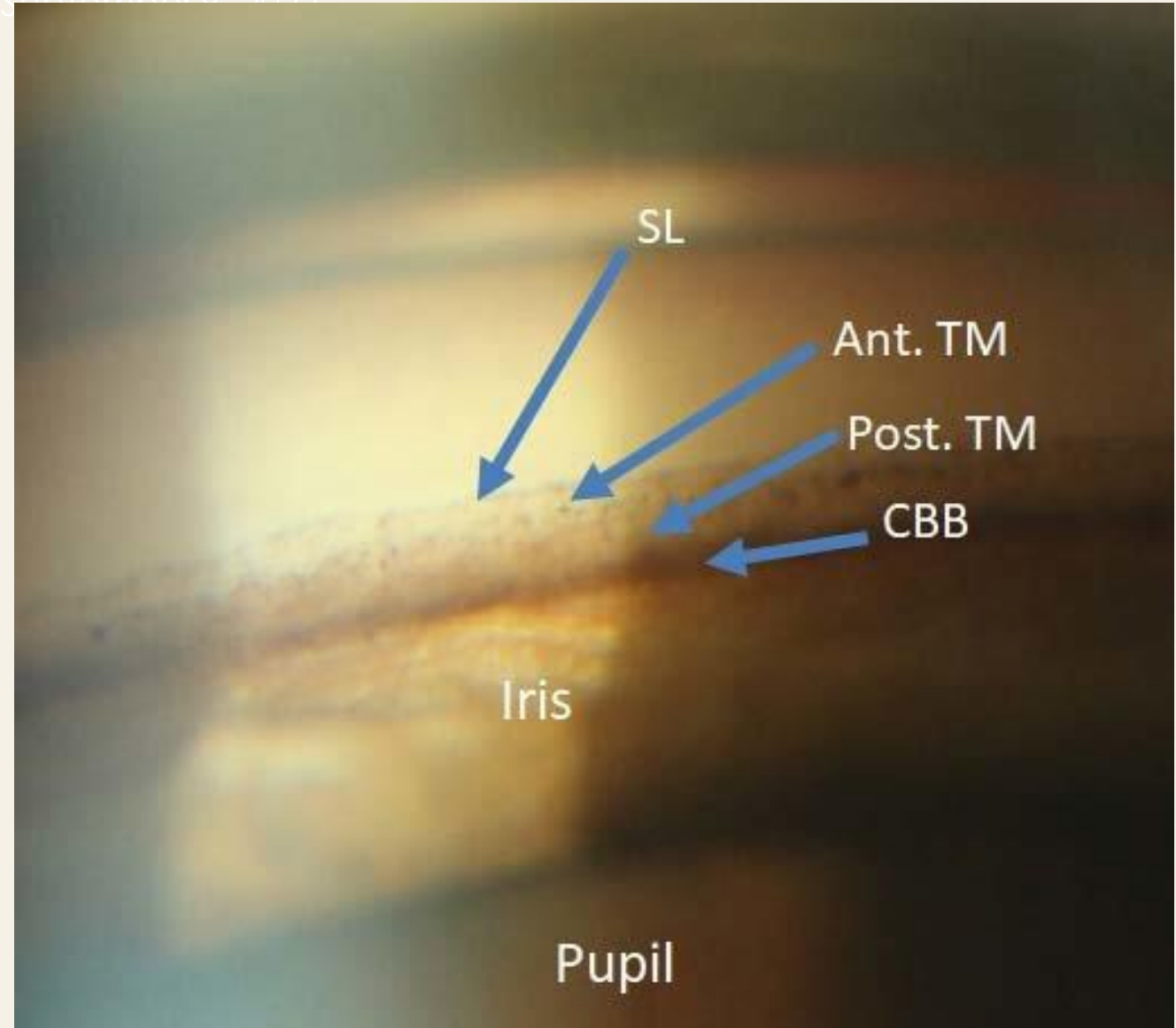


# Technical Review Committee: Selective Laser Trabeculoplasty

September 9, 2022



# Technical Review Committee: Six Criteria



<p>Criterion 1</p>	<p>Health safety, and welfare of the public are inadequately addressed by present scope of practice</p>	<p>Criterion 2</p>	<p>The enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes</p>	<p>Criterion 3</p>	<p>The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public</p>
<p>Criterion 4</p>	<p>Current education and training adequately prepares practitioners to perform the new skill or service</p>	<p>Criterion 5</p>	<p>Appropriate post-professional programs and competence assessment to ensure being performed in a safe and effective manner</p>	<p>Criterion 6</p>	<p>Adequate measures to assess if competently performing new skill or service and take appropriate measures if they are not</p>

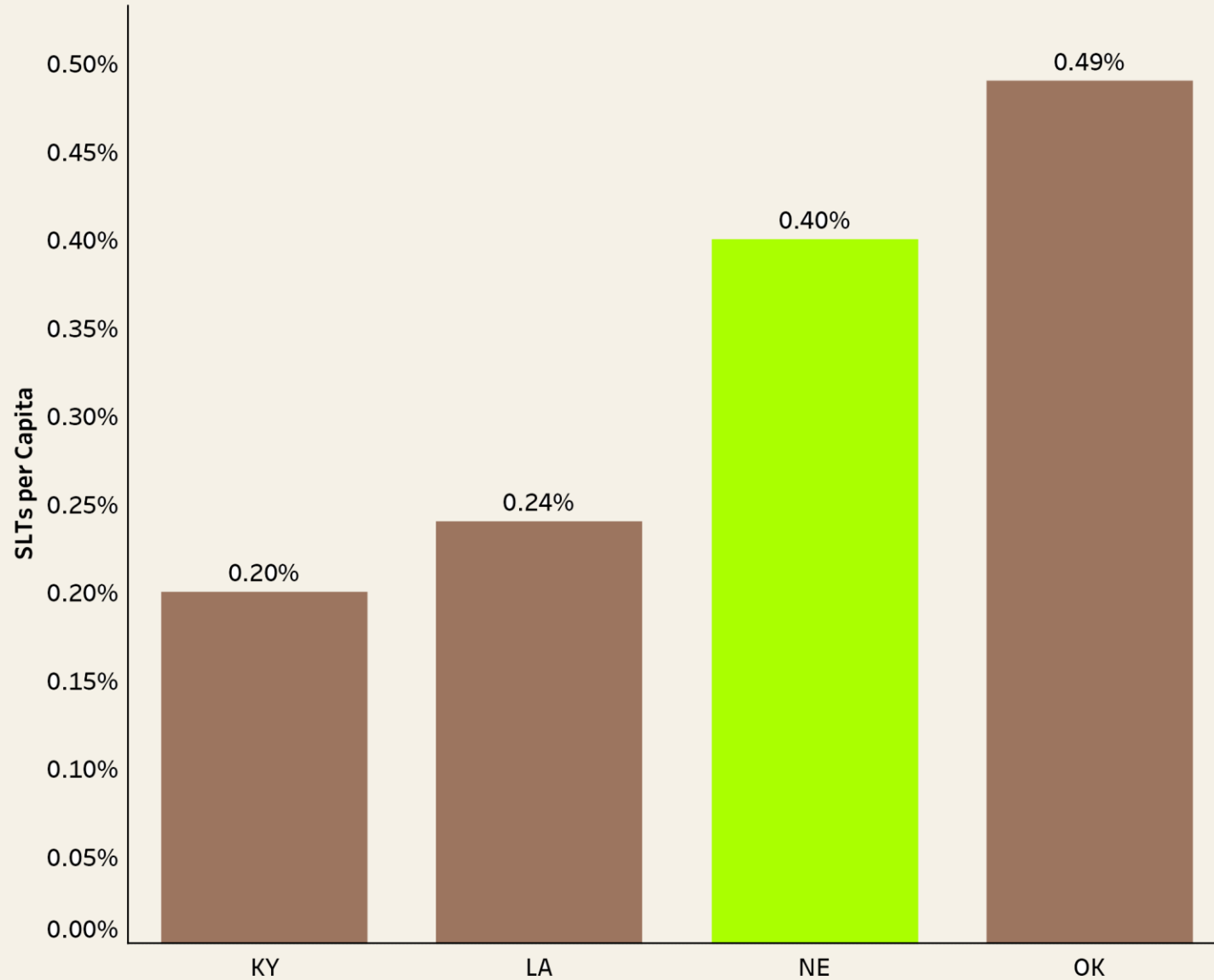
## Criterion 1

Health safety, and  
welfare of the  
public are inadequately  
addressed by present  
scope of practice

Criterion 1: Health safety, and welfare of the public are inadequately addressed by present scope of practice

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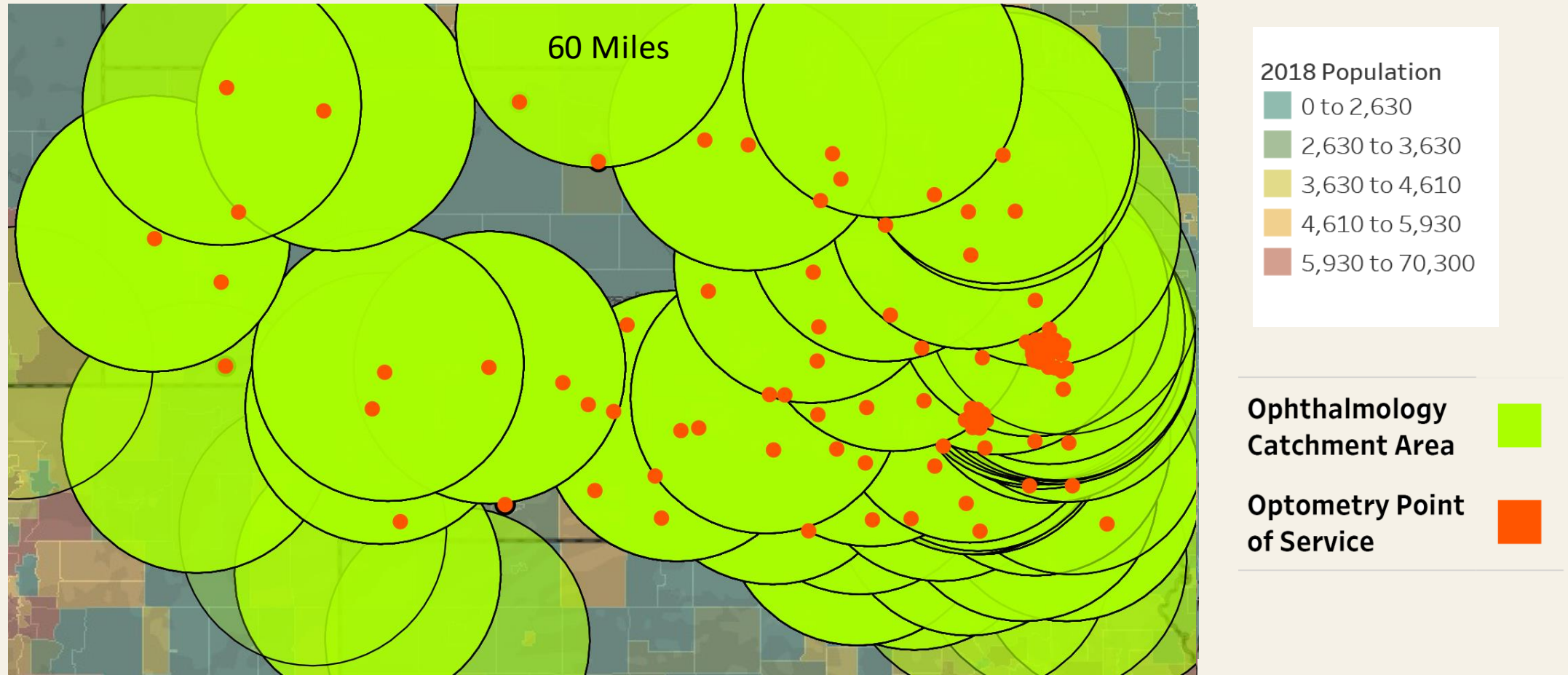
- SLT never an urgent or emergent procedure
  - takes 6 weeks to 3 months for full effect
- Majority of time: SLT on same day as consult visit
  - Exam and SLT surgery bundled when same day
  - Follow-up can be with referring clinic.
- Only 0.5% of Nebraskans are eligible for SLTs
- Current access and referral model is meeting Nebraskans' need for SLT.



## Comparative Rate of SLTs

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# Nebraska's Access to Care



# Access to an Ophthalmologist

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Drive Time	% of Pop
30 Minutes	87.3%
60 Minutes	97.0%

Access to SLT excellent already

## Criterion 2

The enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes



# Which factors might affect access in States with OD laser privileges?

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Economics of SLT favor referral clinics in metro areas.

Demonstrated in states with OD laser privileges.

Competency level with SLT dependent on

Frequency of gonioscopy and SLT procedure

# of SLT surgeries

Very unlikely to be adopted at small, low volume, rural eye care clinics in Nebraska

Has not been adopted by small, lower volume, rural eye care clinics in states with OD laser privileges

# Access to SLT has not improved in states with OD laser privileges

ARVO 2022 study, Mayo and Univ of WA

Population within 30 min drive time

- 73.4% for OD

- 84.1% for ophthalmologists

5.6% exclusive coverage by OD

6.1% exclusive coverage by MD

## Conclusion:

“The expansion of laser privileges to optometrists has **not** resulted in a statistically significant increase in access to laser procedures in KY, LA, and OK.”

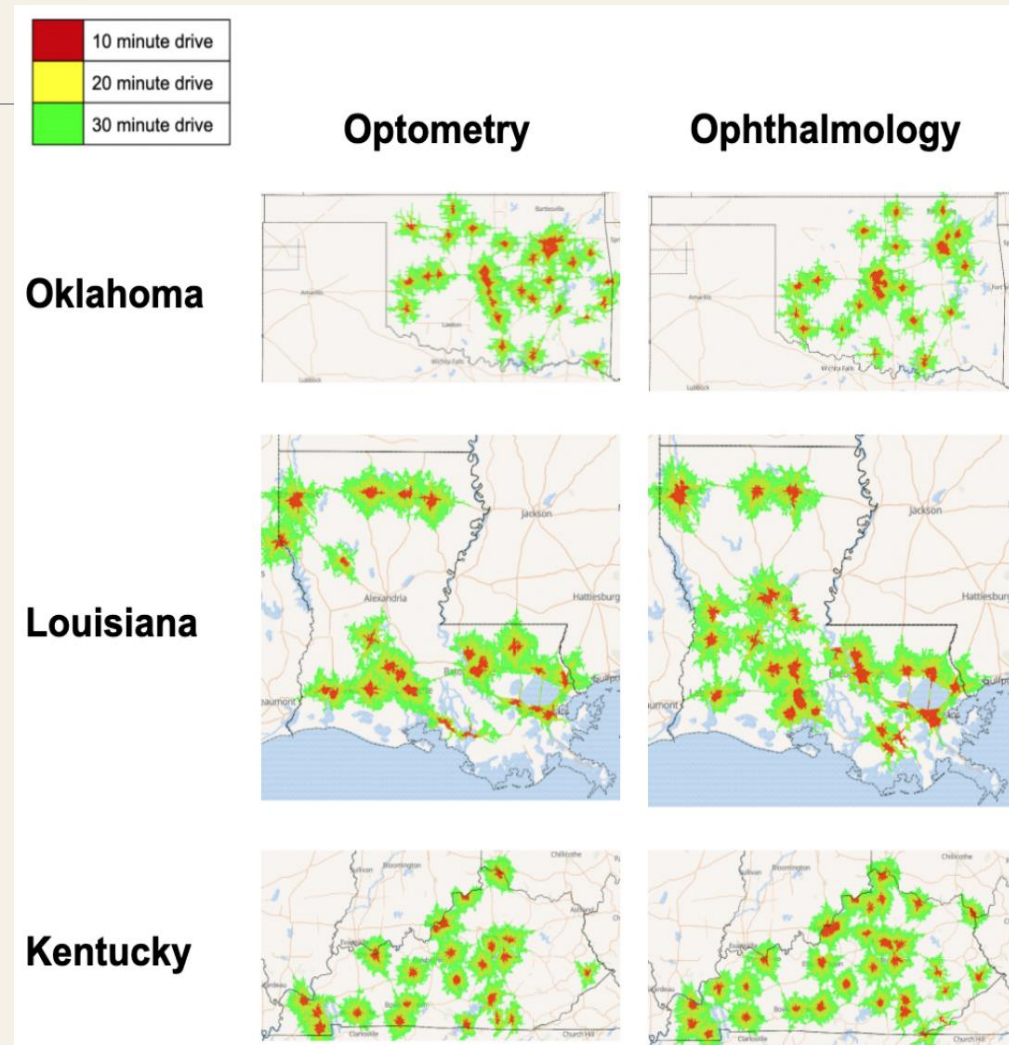


Figure 1. Patient access to SLT by provider type and region.

# Vermont OPR 2019 Report

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In states that have expanded scope, “few optometrists have chosen to perform these advanced procedures, and those who do are located near ophthalmologists (typically near a population center).” “Patients in rural areas did not see improved access.”

(In Oklahoma, in 2020, after 24 years, 1.46% of optometrists filing Medicare Part B claims filed claims for SLTs)

“OPR found no evidence that the current system requiring referrals to an ophthalmologist impacted patient safety.”

Criterion 2: The enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes

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- **No evidence of reduced cost** in states with OD laser privileges
- Both MDs and ODs **paid the same** whether performed by MD or OD
- Cost of consult evaluation and SLT bundled when completed in the same day

# Widespread Benefits?

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The evidence doesn't support that.

## Criterion 3

The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

Criteria 3: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

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- **Inexperienced** providers
- **Public** often **unaware** of provider's qualifications; would choose experienced provider
- Potential **increased costs/repeat treatments** (Stein)
- **Ineffective** treatments
- Potential complications
- **Delay of definitive surgical care** with progression of disease can lead to irreversible **loss of sight**

Criterion 3: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

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- **Increased costs**

- Repeat SLT after 10 days will be paid, but treatment has *not* even had time to take effect
- Data from OK-- more frequent repeat SLT by OD compared with MD from 2008-2013

- **Insufficient and potentially extra treatments, more risk**

360-degree treatment as safe but more effective than 180-degree treatment yet 180-degree treatments by ODs (no explanation for this)



Criterion 3: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

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- Potential complications
- Infrequent gonioscopy – skill lacking
- Low number of cases – skill lacking
  - Laser surgery:
    - 3-5% risk of pressure spike, can persist
    - corneal edema/decompensation
  - Inflammation and increased risk of pressure spike

Criteria 3: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

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- **Delay** of definitive surgical care can lead to irreversible loss of sight
- Advanced glaucoma – may not have time for SLT to take effect. Delay = risk of permanent vision loss
- SLT may not be able to lower the pressure adequately. Delay = risk of vision loss
- Repeat SLT treatments may further delay referral for necessary incisional glaucoma surgery

## Criterion 4

Current education  
and  
training adequately  
prepares  
practitioners to  
perform the new skill  
or service

# Vermont OPR 2019 Report

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“...lack of evidence showing that optometric education prepares optometrists to perform these proposed advanced procedures.”

“Even the more stringent and comprehensive optometric educational programs do not provide the level of training and experience obtained by ophthalmologists”

“...cannot conclude that optometrists have the necessary education and training.”

# Criterion 4

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Additional training

Procedures

Malpractice rates

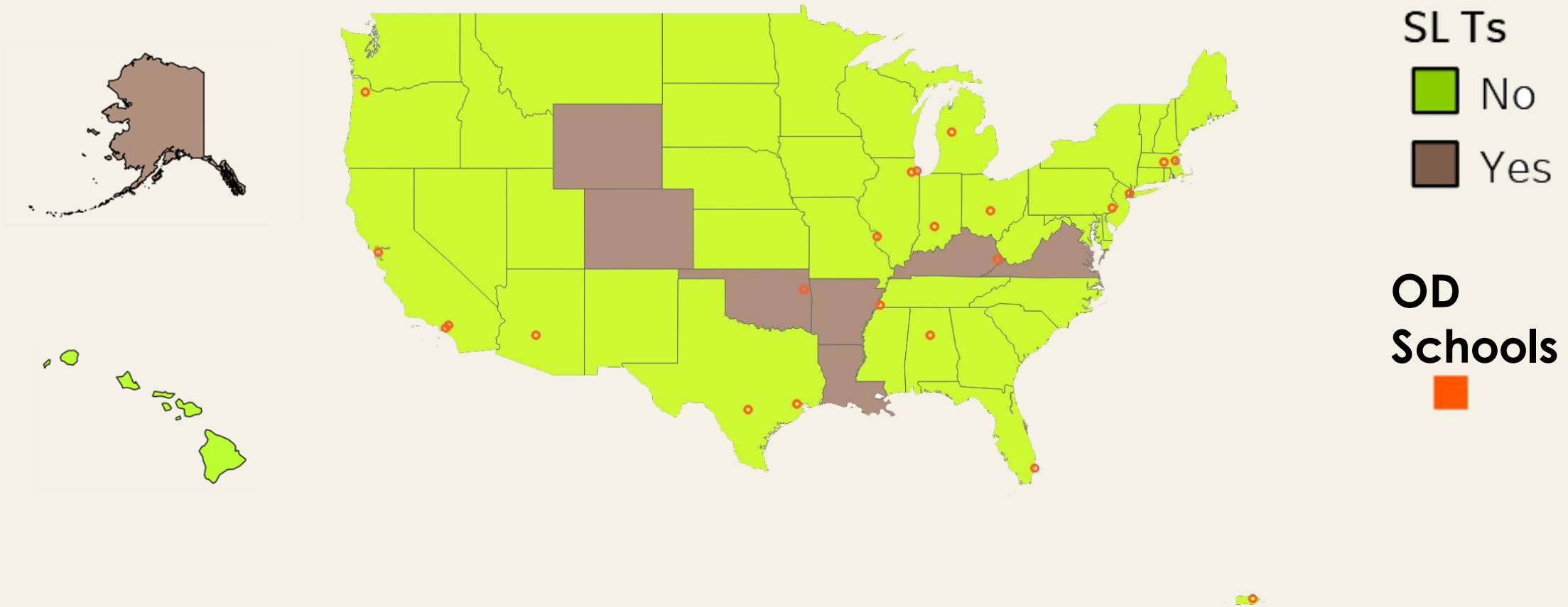
Glaucoma laser surgery

Clinical skills



Laser Lab at the Pennsylvania OD School

# Optometric Education



## Criterion 5

Appropriate post-professional programs and competence assessment to ensure being performed in a safe and effective manner



Criterion 5: Appropriate post-professional programs and competence assessment to ensure being performed in a safe and effective manner

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No such programs demonstrated by optometry

21 of 23 optometry schools in states where illegal for them to perform laser surgery

Too many students to train on actual patients

Too few patients with disease to obtain surgical experience

Insufficient time frame to learn essential surgical skills; follow patients and disease process

# Optometric Education

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## KNOWNNS

- 21 of 23 Schools NOT in States that Authorize SLTs
- Large Class Sizes and few patients needing SLT

## UNKNOWNNS

- Simulated and real patient training
- Avg. # Patients Needing SLT Evaluated
- Avg. # Gonioscopy Exams
- Avg. # of SLT Performed

# OD 16-Hour Laser Therapy to the Anterior Segment Course



## Continuing Medical Education



### Advanced Procedures

Surgical Procedures for the Optometric Physician (16 CPE hours) – January 7-8, 2016

Laser Therapy for the Anterior Segment (16 CPE hours) – January 9-10, 2016



## Criterion 6

Adequate measures to  
assess if competently  
performing new skill or  
service and take  
appropriate measures if  
they are not

Criteria 6: Adequate measures to assess if competently performing new skill or service and take appropriate measures if they are not

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Unknown competency assessment and corrective actions with such inexperienced providers

<b>Optometrists</b>	<b>Ophthalmologists</b>
a 16-hour course in anterior segment laser therapy	ACGME RRC and AUPO defined minimal and competency standards before independent practice

# American Council on Graduate Medical Education

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- Continuously Assessed Training, performance reviewed every 6 mo
  - Clinical Competency Committee and ACGME standards
- Large volume of 1:1 proctored Clinical Cases
- Step-wise Surgeon-proctored Instruction
- Graduated increase in responsibility and procedure performance

<https://www.acgme.org/specialties/ophthalmology/overview/>

# Conclusion

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Criterion 1 - Health, safety, and welfare of the public are inadequately addressed by present scope of practice

The health, safety, and welfare of the public is currently being addressed adequately as shown in the data presented. Nebraska's ophthalmologists are providing safe, effective and timely access to SLT.

# Conclusion

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Criterion 2 - The enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes

Data from states with OD SLT privileges does not show increased benefits for the public or reduced cost for SLT.



# Conclusion

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Criterion 3 - The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public

The proposed change *does* create a significant new danger to the health, safety, and welfare of the public.

Inexperienced providers, public confusion

Repeat, premature SLT retreatments and SLT performed in cases with low chances for success may result delayed referral for definitive surgical glaucoma care.

Repeat SLT billed in close succession outside of global period increases risks and costs.

# Conclusion

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Criterion 4 - Current education and training adequately prepares practitioners to perform the new skill or service

The education and training outlined in the proposal does not adequately prepare optometrists to perform SLT.

There is a significant lack of clinical experience and lack of training on live patients.

By comparison, NE ophthalmology residents receive 6 months of 1:1 proctored experience in glaucoma clinics and weekly VA glaucoma consult clinics. Ophthalmology residents perform an average of 20 supervised SLT lasers in addition to other lasers and multiple surgical procedures on live patients before being allowed to approach the public.

# Conclusion

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Criterion 5 - Appropriate post-professional programs and competence assessment to ensure being performed in a safe and effective manner

It is unclear what criteria other than basic CEUs will be used to assess and ensure continued competency in states that allow OD laser privileges.

Comparison: the American Board of Ophthalmology certification and maintenance of certification process.

# Conclusion

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Criterion 6 - Adequate measures to assess if competently performing new skill or service and take appropriate measures if they are not

Based on the application, it is not evident that a 16-hour weekend course and three cases assesses and ensures continued competency.

Though access and quality of SLT is not a problem, if it were, there are many other options

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Programs to increase ophthalmologists in NE

New satellite clinics for collaborative care

Ophthalmology residents and fellows in  
“underserved” areas with staff MDs

# Data

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Josh Stein, et. al. LTP study shows optometrists 189% more likely to repeat LTP; retreatments performed before first treatment had time to take effect (increased risks, increased costs)

# Nebraska is NOT losing optometrists to “less restrictive” states

