

SILETZ COMMUNITY HEALTH CLINIC POLICY



OPTOMETRY

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Policy	Optometry Department
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**PART 9
Optometry Department**

I. PURPOSE

To establish standards of operation for the Optometry Department including priority of care, staffing responsibilities, and provision of services.

II. POLICY

It is the policy of the Siletz Community Health Clinic (SCHC) to provide eye care to meet the highest standards in quality, scope, accessibility and timeliness.

III. PERSONNEL

A. Optometrist

Requirements and duties listed under job descriptions. At least one licensed optometrist must be present at all times during the rendering of services and health promotion activities.

B. Optometry Assistant

Requirements, duties, and physical demands listed under job descriptions.

C. Credentials

The optometrist is credentialed, appointed, and privileged by the Siletz Tribal Council upon recommendation of the Executive committee. The optometrist must hold applicable state licensure.

D. Continuing Education

Optometrist must meet the continuing education requirements of the licensing board to qualify for continued licensure, and must satisfy local medical staff requirements, as appropriate.

E. Personnel Policy Manual

All optometry department employees must be in compliance with the CTSI Personnel Manual Siletz Tribal Code 2.800.

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IV. EYE CARE PROGRAM

A. Eligibility

SCHC registered patients are eligible for optometry services.

B. Benefits

1. Allowed benefits for exams, glasses, and contact lenses vary depending on PRC, direct eligibility, or type of insurance coverage.
2. An exam is provided as often as needed to all eligible patients, including PRC and direct eligible patients.
3. For eyeglasses and contact lenses, PRC eligible patients may have benefits available (see Purchased/Referred Care Policy).
4. Native American patients who are not PRC eligible, or who have exceeded available allowance, are responsible for the costs of glasses or contact lenses ordered. Insurance benefits can be used to reduce the patient responsibility.
5. Non-Native patients must provide insurance information for any insurance they would like to use for exam and/or hardware. The patient is responsible for any remaining costs associated with exam or hardware ordered.

C. Purchased/Referred Care (PRC)

1. Alternate resources for payment of eye care should be utilized, if possible. SCHC bills alternate sources first, then PRC if applicable.
2. Pre-authorization of non-emergency contract care is mandatory. Emergencies require authorization within 72 hours after care is delivered.
3. A contract or other agreement at less than usual and customary fees will generally reduce this cost substantially and is considered by the facility if there is not adequate direct care for all patients.
4. Supplemental or specialized care (such as ophthalmologic services) may be procured under open market conditions or under contract as directed by availability and cost and consistent with current priority status.

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D. Payments

1. Private insurance is billed first. Patient may be responsible for costs not covered.
2. Any patient responsibility must be paid before the glasses or contact lenses are ordered.
3. Optometric prescriptions written by a doctor outside SCHC will be honored until the expiration date of the prescription. Expired prescriptions require an exam before ordering glasses or contact lenses. If an outside prescription for glasses is later changed by the prescribing doctor, SCHC will attempt to work with the laboratory to have the lenses remade; however this must be done within the time frame deemed appropriate by the laboratory. Opened contact lens boxes cannot be returned and therefore will not be reimbursed, even if a prescription is later changed by an outside doctor.
4. When ordering glasses or contact lenses, patients are informed of their options and approximate costs, payment policy, approximate arrival date for items, and how to arrange for a fitting and adjustment. A copy of the patient's prescription for glasses or contact lenses will be provided to them when the prescription(s) is finalized.
5. Direct and PRC eligible patients are held harmless for diabetic eye exams if there are no third party resources available (including co-pays).
6. If glasses, contact lens orders, or contact lens trials are to be mailed, there is a \$10 fee per shipment that must be paid before shipment ensues.

E. Services

1. Primary Eye Care

Level of services provided is dependent upon eye care personnel available. The frequency of examination is determined by the needs of each patient.

- a. As a general rule, children (through age 18) should be adequately screened and/or have examinations each year.
- b. Complete examinations should be performed periodically for children and adults as indicated. More frequent examinations are encouraged when:

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- i. Signs or symptoms of acute or chronic eye disease, conditions, or significant visual symptoms are apparent.
 - ii. Told by eye doctor to return sooner for a specific reason such as diabetes, follow-up exam and amblyopia (lazy eye) therapy.
 - iii. Written referral from doctor, nurse, or school screener.
- c. Adults less than 40 years of age are encouraged to have routine eye examinations at least every two years; those over 40 years of age, every year.
 - d. Patients who have been diagnosed with medical conditions are recommended to have minimum yearly eye exams with dilation.
 - e. Patients taking certain medications (i.e., Plaquenil) will need to be followed on a recommended schedule.

2. Contact Lens Fitting

- a. Contact lenses are available to registered patients with a current contact lens prescription. The prescription may be from another eye doctor or written by a SCHC optometrist.
- b. Follow-up evaluations are mandatory for contact lens wear and it is the responsibility of the patient to keep these appointments. Without proper follow-up care, patients may be denied replacement lenses until they have their contact lenses evaluated.
- c. All costs incurred for contact lenses, including but not limited to fitting and evaluation, and other accessories are the responsibility of the patient.
- d. For minors to be fit for contact lenses, a parent or legal guardian must be present for the initial contact lens fitting visit in order to give consent and participate in the selection of type and modality of contact lenses.

3. Visual Training and Orthoptics

Visual training and orthoptics may be provided by an SCHC optometrist when appropriate. Vision therapy and orthoptics may be referred to an outside provider and should be first pre-approved by an SCHC optometrist or ophthalmology

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consultant.

4. Eye Disease and Injury

- a. The optometry staff may treat eye disease or injury consistent with their clinical privileges and in accordance with established guidelines.
- b. Whenever eye disease or injury is suspected, the optometry department should be contacted immediately to be triaged. Depending on the nature of the condition and level of pain, these patients may be seen on a same-day priority basis. Routine referrals for any tests of short duration, such as intra-ocular pressure measurements, visual acuity, and the like, will be triaged by the optometry department based on availability.
- c. Referrals or consultations are facilitated by the optometrist. Referral is documented in the EHR. The patient is assisted in obtaining an appointment for the referral or consultation by the referral specialist and/or the optometry assistant.

5. Eye Surgery

Patients requiring emergency or routine eye surgery are referred to the appropriate provider. Referrals and consultation reports will be available in patient's electronic health record.

6. Eye Safety

An active safety program is mandatory. When an eye professional is available, the optometrist is an eye safety consultant for this program.

F. Health Promotion Activities

1. Eye Safety Program

An optometrist acts as the eye safety consultant for SCHC and the community as needed. Periodic review of the safety program is conducted and OSHA standards are utilized with industrial and home eye safety stressed.

2. Children Eye Screening

- a. Infants 0 to 12 months: Examining infants is recommended to ensure

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proper development and rule out ocular disease.

- b. Ages 3-6: A comprehensive ocular examination is recommended at age three to ensure proper development and rule out ocular disease. Yearly screenings are recommended for this age group. Any student not meeting the guidelines of screening should be referred for a comprehensive ocular evaluation.
 - c. All Other Students: School-age students are recommended to have yearly vision screenings. Referrals should be made to the Optometry department for any child who does not fall within the normal guidelines of screening.
3. Diabetic Retinopathy Screening/Monitoring: In cooperation with the diabetes program, the optometry department recommends dilated fundus examinations for all diabetic patients each year. In addition, a retinal camera is available for diabetic retinopathy screening. This can be performed by any SCHC staff that has met the requirements for training. Retinal photography and dilated fundus exam will be graded using the standard grading scale recommended in the Early Treatment for Diabetic Retinopathy Study.

Any images taken to monitor diabetic retinopathy will be kept in the patient's electronic health record. Recommendations for follow-up care or referrals will be made by an optometrist as needed. The optometrist will communicate findings of presence of diabetic retinopathy to the patient's PCP.

4. Referrals

- a. Appropriate referrals are made at the discretion of the treating optometrist. Referrals are made for conditions requiring specialist care or co-management.
- b. Referrals to other providers are approved through the process provided by SCHC. Urgent and emergent referrals will be made on an as-needed basis.
- c. It is recommended that all referred patients contact their insurance carrier prior to the appointment and to present any insurance information to the referred office.

5. Low Vision

Patients whose reduction in visual acuity or field of vision interferes with normal

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tasks, such as driving, are considered as having low vision. These patients are evaluated and referred to a low vision specialist to complete rehabilitation training as needed.

6. Education

- a. A patient educational program will be developed and implemented.
- b. An ophthalmic technician training program will be developed and implemented. All employees will be trained on proper use of equipment, preventive maintenance, repair, and replacement of optometric equipment.

G. Ophthalmic Aspects

- 1. The optometrists are responsible for all eye examinations. They will provide an eyeglass and/or contact lens prescription to each patient as necessary.
- 2. Patients may purchase glasses and/or contacts from the vendor of their choice. Ophthalmic prescriptions can be filled at SCHC with a valid and current prescription. The prescription may be brought in from another doctor or written by a SCHC optometrist.
- 3. All glasses orders are verified before dispensing using ANSI Z80.1-2020 standards (see reference sheet).
- 4. The optometry assistant, with the assistance of the patient accounts and medical support staff, determines any fees that a patient needs to pay for services or materials according to established procedures. Payment is required before materials are ordered. Insurance programs are billed first when available.
- 5. Repairs, adjustments, and replacement of eyewear parts will be done upon patient's request as time allows. Reasonable attempts to repair eyewear to be safely functional will be made.
- 6. Optometry assistants will contact the patient as soon as possible once ophthalmic orders are ready for pickup. If not picked up in a timely manner, assistants will attempt to contact the patient every 30 days to inform them that their order is ready. Ophthalmic orders that are not picked up by the patient within 90 days will be donated or returned to the lab.

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V. STANDARDS OF OPERATION

A. Medical Records

1. Entries into EHR are made for each optometric visit.
2. A recall system will be maintained using the EHR system. Patients will be recalled according to individual needs. Spectacle and contact lens orders are scanned into patient's EHR file.
3. Strict adherence to the intent and the specific provisions of the Privacy Act and HIPAA is mandatory.
4. Optometry records are reviewed and audited by SCHC's internal audit authorities and by outside agencies.

B. Scheduling

1. Hours of Operation

See Part 1 Administration Department, Section II.

2. No-Shows, Late Arrivals, and Cancellations

The optometry department follows the Administration policy on no-shows, late arrivals, and cancellations. The No-Show policy is located in Part 1 Administration Department, Section VI.

C. Quality Improvement Program

The optometry department participates in quality improvement activities under the guidance of the Administrative/QI Coordinator in compliance with the Quality Improvement Policy.

D. Preventive Maintenance, Repair and Replacement of Optometric Equipment

An ongoing preventive maintenance program is essential to prevent interruption of patient care services due to equipment failure. Maintenance of equipment is completed based on manufacturer guidelines. Monies must also be made available on an ongoing basis for replacement or repair of specialized eye care equipment.

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E. Infection Control

1. The optometry staff shall follow the plan set forth in the Risk Management and Infection Control policies to minimize risk to patients and staff and to prevent the spread of infection by practicing good aseptic techniques and personal hand washing.

2. The optometrist shall provide the Infection Control Officer and QI Coordinator with updated Safety Data Sheets. This will ensure compliance with OSHA and workplace safety regulations, and help staff understand the risks of chemical products and how to properly store, handle, and dispose of them safely.