





SB 153 - INJECTIONS

- Amendment of code defining optometry – law, not a rule
- Authorizes subconj and lid procedures
- Excludes retrobulbar, nerve block, dermal filler, intravenous, intramuscular, intraocular, Botox
- Requires 30 hour course
- GA Dept. of Public Health



SB 153 - INJECTIONS

- Rules have been modified / approved
- 3rd course held on Aug. 15-19
- Sponsored by GOA and SCO
- Complete the course = certified to perform procedures
- Course counts for CE
- Recent grads....



SB 153 - INJECTIONS

- SB 153 also maintains rules on controlled substances
- Sched. 3 and 4 72 hrs w/o consult
- Hydrocodone 48 hrs w/o consult
- Still maintains list of allowed drug categories antibiotics, etc.



SB 153 - INJECTIONS

- Adds: "other pharmaceutical agents related to the diagnosis and treatment of diseases and conditions of the eye and adnexa"
- No more modifying rules for new drugs (really the best part)



POLICY STATEMENTS ON THERAPEUTICS

The scope of optometric practice includes the following and are not considered to be surgery:

- Medicated contact lenses
- Epithelial debridement
- Suture removal



ORGANIZATION, PROFESSIONAL LICENSING BOARDS

Brad Raffensperger Secretary of State

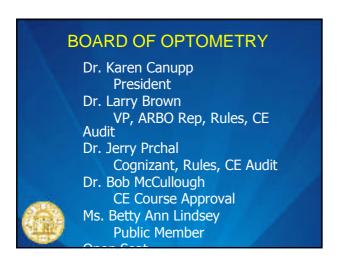
Brig Zimmerman

Exec. Director, Board of Optometry

Wylencia Monroe, J.D.

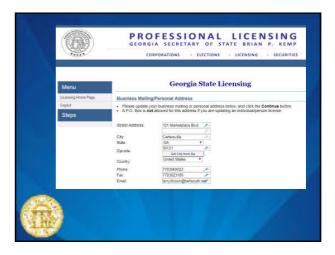
Asst. Attorney General

















QUESTIONS FOR THE BOARD

- Why we might not give you an answer in person
- Existing law and rules govern
- There may not be an answer
- Influence of the Attorney General
- Our board only regulates optometrists
- Best bet ask in writing



ROLE OF THE MEMBERS IN MONITORING CE

- Review course approval requests from CE providers
- Perform CE compliance audit
 - Random selection from list of all licensed O.D.'s (150 docs in 2017)
 - Review for completion of 36 hours per biennium including 1 hour jurisprudence
 - The course work is looked at in detail (pharm, path, management)

CONTINUING EDUCATION

- Minimum 18 hours in pharmacology and pathology related to the eye
- 10 hours can be obtained through other media (journals, Internet) but all must be COPE-approved
- No more than 10 hours in practice management related to patient care
- Jurisprudence is part of the 36



CONTINUING EDUCATION

- Grand rounds courses count as 1 hour credit for every 2 course hours (limit is 8 credited hours)
- CPR is in addition to the base of 36
- Any non-COPE courses must be approved in advance of the course
- Requests for approval must be received 30 days prior to the course



CONTINUING EDUCATION

Courses sponsored by the following are automatically approved:

AOA , GOA, AAO, ABO, SECO Society of Professional Optometrists COPE

Schools and Colleges of Optometry Georgia medical schools (10 maximum) Any other state board or association



• Random selection of licensees • Licensee is notified before renewal • Basically, almost everyone passes • New rule (2017) allows board to audit after renewal – no chance to make up CE in December • Penalty – fine, extra CE, on your record

COPE courses and local providers will usually submit on your behalf but it's your responsibility to know OE Tracker has a member fee of \$25/\$60 As a member, you can see and review your CE hours in detail If you are not a member, courses can still be submitted but you can only see a total and not the details

OE TRACKER • The State of Georgia cannot require OE Tracker membership • As of June 2014, you can no longer submit courses on your own if you are not a member • If you choose not to join, keep paper certificates for at least 3 years • Please match the name you use for license and OET



PATIENT ABANDONMENT

- The rules are not very specific but you might "consider":
 - Phone recorder message after hours giving emergency advice
 - Give your home or cell number on your recorded message
 - Have your office phone transferred to your cell after hours
 - Employ a messaging service



ROLE OF THE COGNIZANT MEMBER

The cognizant reviews every complaint that comes to the board offices and can:

- Close the complaint (ex: fee disputes)
- Request a response
- Review all information submitted
- Interview the individuals involved



ROLE OF THE COGNIZANT MEMBER

- Refer for investigation
- Refer to the board attorney
- Present the case at a board meeting
- Make recommendations to the board



ROLE OF THE COGNIZANT MEMBER

The identity of the parties is confidential so judgments are as unbiased as possible

- 5 of the 6 board members will know the doctor only as a case number
- Exception when the board takes some sort of legal action (consent order) against the doctor and his/her identity becomes public record



ORIGIN OF COMPLAINTS

- Complaints that are pure fee disputes as determined by the cognizant are closed with a letter of explanation
- If a complaint alleges a deficit in the standard of care, it is always investigated
- Sources include consumers, other professional boards, other medical professionals
- All malpractice reports will be investigated and O.D.'s named in a suit will be asked to respond



IF YOU HAVE A COMPLAINT

- A written response will be required
- Copies of records may be requested
- You will submit evidence of CPR completion and current professional liability insurance
- You will submit proof of CE for current licensure including jurisprudence
- You may be asked to appear in person on the date of a board meeting



- Respond to all requests promptly and professionally
- Ignoring a board request is not wise
- Do not alter medical records
- If you are subject to any legal order, know what you are signing



BOARD OPTIONS RE COMPLAINTS

- Dismiss without action
- Private letter of concern
- Consent orders
- Additional continuing education
- Fines
- Probation
- Suspension
- Revocation



BOARD OPTIONS RE COMPLAINTS

You may have to reveal the last 6 actions to:

- Other licensing entities
- Private insurance plans
- Government insurance plans
- Professional liability insurers



DISMISSED WITHOUT ACTION

- Pure fee disputes ("the doctor charged too much")
- Bedside manner ("the doctor was rude")
- Sensitivity to patient complaints ("my glasses didn't fit and they wouldn't fix it")
- Misunderstanding on charges
- Misunderstanding on insurance

PRIVATE LETTER OF CONCERN

- Not violating any rules but something isn't quite right
- Multiple minor complaints
- You might want to reconsider...
- Your records are marginal
- Not a legal action by the board



AVOIDING BOARD COMPLAINTS

- Don't allow patient disputes to go unresolved
- Be sensitive to patient concerns
- Delegate but supervise troubleshooting
- Written financial / insurance policies
- Respond to your patients



AVOIDING BOARD COMPLAINTS

- Impression: origin of many complaints is that patient did not get something they wanted and are lashing out
- Avoid comments of a sexual nature
- Watch your clinical recordkeeping
- The "morphing complaint"



RULE 430-5-.01 TREATMENT PLANS

- History / gen. medical observations
- External / internal path with diagnoses
- The need for additional tests
- External exam
- Ophthalmoscopy
- Gross visual fields



RULE 430-5-.01 TREATMENT PLANS Visual acuity Ocular alignment and motility Refraction Binocular status Accommodation Diagnosis Plan

