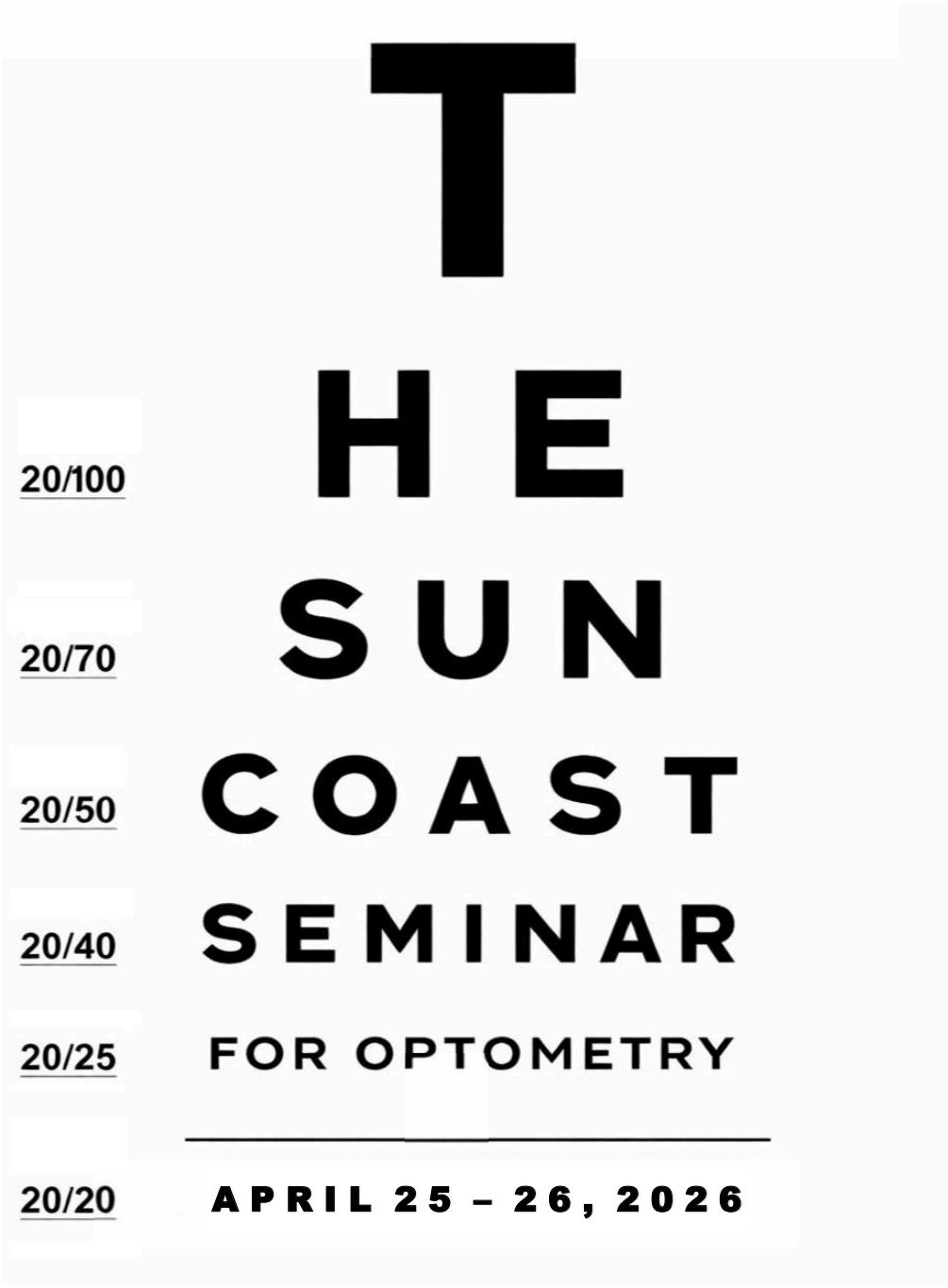
COURSE SYLLABUS



THE SUNCOAST SEMINAR

PRESENTED BY THE PINELLAS OPTOMETRIC ASSOCIATION

Saturday April 25

7:45 am - 8:15 am	**Registration**
	Exhibit Hall Open
	Continental breakfast - *sponsored by St. Luke's Cataract and Laser Institute*
8:15 am - 9:55 am	**Advances in Cornea, Cataract, Refractive and Glaucoma Surgery (2, TQ, COPE: 103831-GO)** Neel R. Desai, M.D. and Priti Panchal, O.D.
9:55 am - 10:40 am	**Break**
	Exhibit Hall Open
10:40 am - 12:20 pm	**Amblyopia Management for Primary Care O.D.s (1, COPE: 103274-FV)** **Acquired Brain Injury: What the O.D. Needs to Know (1, COPE: 103273-FV)** Richard Sorkin, O.D.
12:20 pm - 1:10 pm	**Lunch** - *sponsored by Retina Vitreous Associates of Florida*
	Exhibit Hall Open
1:10 pm - 1:20 pm	**Lighthouse of Pinellas Update**
1:20 pm - 1:30 pm	**FOA Update**
1:30 pm - 3:10 pm	**Pharmaceutical Update - Innovations and Insights for Eye Care (2, TQ, COPE: 103324-PH)** Greg Caldwell, O.D.
3:10 pm - 3:30 pm	**Break**
3:30 pm - 5:10 pm	**Latest Advances in Eye Care Technology - Innovations in Early Detection and Management (2, TQ, COPE:103700-GO)** Greg Caldwell, O.D.

Sunday April 26

7:30 am - 8:00 am	**Registration**
	Continental breakfast - *sponsored by the POA*
8:00 am - 9:40 am	**Grand Rounds - Improving Eye Care and Outcomes for Patients (2, TQ, COPE: 103866-TD)** Greg Caldwell, O.D.
9:40 am - 10:00 am	**Break**
10:00 am - 11:40 am	**Prevention of Medical Errors (2, COPE: 102834-EJ)** Alice Sterling, O.D.
11:40 am - 12:00 pm	**Lunch** - *sponsored by LENZ Therapeutics*
12:00 pm - 1:40 pm	**Florida Jurisprudence (2, COPE: 101024-EJ)** Alice Sterling, O.D

Prevention of Medical Errors for Optometry

Alice Sterling, OD
2026

- I have no financial disclosures

Why Are We Here (since 2002)

- 456.013
- 64B13-5.001

Licensees are required to complete a 2 hour course relating to prevention of medical errors as part of the licensure and renewal process. The course shall be approved by the Board and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. The 2 hour course shall count towards the total number of continuing education hours required for licensure renewal.

Commission on Excellence in Health Care

Established in 2000 by FL legislature

Chaired by Secretaries of:
Department of Health/DOH
Agency for Health Care Administration/AHCA

42 Members:
Professional Associations, Health lawyers, Medical schools, Health insurance carriers, Consumer advocates, Legislators

Other FL Initiatives

In 2004, legislation was passed requiring the state to inform the public about important performance outcome indicators for healthcare facilities (eg, volume of cases, average length of stay, complication rates, mortality rates, infection rates for various medical conditions). This information is available online since 2005
At: www.floridahealthfinder.gov

This legislation also established the FL Patient Safety Corporation, a voluntary statewide reporting program to track and analyze near misses

History of Course Requirement

Institute of Medicine Report (National Academy of Medicine)

Agency for Healthcare Research and Quality

Joint Commission on the Accreditation of Healthcare Organizations

Florida Statute 456.013

Institute of Medicine Report

- 1 in 25 hospital patients injured by medical errors
- Estimated 44,000 to 98,000 deaths/year secondary to all medical errors
- 7,000 deaths/year related to medication errors
- Cost to economy – $17 to $29 billion

Costs

- Includes lost income, lost household production, disability and healthcare costs
- Adverse effects: $37.6 to $50 billion
- Preventable Adverse events: $17 to $29 billion
- Preventable mistakes in hospitals alone cost 2-4% of national healthcare expenditures

A Hidden Epidemic

- Breast cancer – 42,297 deaths/year
- Motor vehicle accidents – 43,458 deaths/year
- AIDS – 16.516 deaths/year

Goals Set as Result of Report

By the 5 year mark:

- Decrease medical errors by 50%
- Decrease nosocomial (infections acquired within 48 hrs of hospital admission) by 90%
- Eliminate "never events" (such as wrong side surgery)

Recent Estimates from JAMA

- 106,000 deaths/year from negative effects of medicines
- 80,000 deaths/year from infections incurred in the hospital
- 20,000 to 44,000 deaths/year from hospital errors
- 7,000 medical malpractice deaths/year attributed to medication errors in hospital
- Total of 195,000 to 225,000 deaths/year due to medical negligence of some nature.

Agency for Healthcare Research and Quality (AHRQ)

- AHRQ has shown that medical errors result most frequently from: systems errors, the organization of healthcare and how resources are provided in the delivery system
- Only rarely are medical errors the result of carelessness or misconduct of a single individual

Joint Commission on the Accreditation of Healthcare Organization (JCAHO)

- Where regulation and education join forces
- Root Cause Analysis comes from JCAHO

Of randomly selected Americans, 42% said that they had personal knowledge of medical error that had happened to themselves, a relative or a friend.

1997 poll National Patient Safety Foundation (an independent group established by AMA)

- University of Chicago expanded on this 1997 report in 2017 using 2,500 respondents.
- 21% had personally experienced a medical mistake
- 31% reported medical errors for a family member or person whom they were overseeing for medical care.
- Ambulatory sites were more commonly reported for errors than hospitals.

IOM/NAM defines an error as

- Failure of a planned action to be completed as intended (an error of execution) – the right drug but the wrong dose
- The use of the wrong plan to achieve an aim (error of planning) – wrong diagnosis or treatment plan

IOM/NAM defines an adverse event as

- An injury secondary to patient management and not to the underlying medical condition of the patient.

Preventable Adverse Event

An adverse event attributable to error is a preventable adverse event, also called a sentinel event, because is signals the need to ask why the error occurred and make changes in the system.

Sentinel Event Alerts

- Wrong site surgery
- High alert medications
- Look alike/sound alike medicines
- Needles/sharps injuries
- Dangerous abbreviations
- Delays in treatment
- Op/post-op complications
- Falls

Active vs Latent Errors

- Active errors occur at the level of the frontline operator and their effects are felt almost immediately
- Latent errors tend to be removed from the direct control of the operator. This includes poor design, incorrect installation, faulty maintenance, bad management decisions and poorly structured organizations.

Factors & Situations that increase risk of error

- Fatigue
- Alcohol/drugs
- Illness
- Inattention/distractions
- Emotional state
- Unfamiliar conditions
- Equipment problems
- Communication problems

Factors & Situations that increase risk of error…

- Handwriting
- Sound alike drugs
- Record keeping

Medication Errors

- Omission errors – failure to administer an ordered medication dose
- Improper dose/quantity errors – any medication dose, strength or quantity that differs from that prescribed
- Unauthorized drug errors – any medication dispensed/administered that was not authorized by the prescriber (including the wrong drug)

Doctor's "Rights" when prescribing drugs

- Right patient
- Right drug
- Right dose
- Right dosage form
- Right route
- Right time

Patient Responsibilities

- Provide list of medicines, supplements and allergies to medicines (without sulking over the paperwork)
- If you don't understand, ask for clarification
- Don't get to the pharmacy and decide the drug is too expensive and leave without it. Ask the pharmacist to call and find a viable substitute.

Doctor's Responsibilities

- Educate the patient
- Clearly list allergies and medicines
- Adjust the dose for children and elderly
- Limit access to high hazard drugs
- Computerize – e prescribe
- Avoid abbreviations that are not standard
- Consider unit doses when available (Z pak)

Educate the Patient

- Don't rely on the pharmacist
- Review the name of the drug and ask the patient to confirm it at dispensing
- Why the patient is taking this medicine
- How much to take and how often
- What are the side effects and what to do if patient experiences any of them
- Is it safe to take with other medicines or supplements
- What food, drinks or activities to avoid

Special Considerations

- Elderly
- Infants and Children
- Communication Barriers
  language
  literacy
  hearing

Elderly

- Medication errors can have life-threatening or even fatal effects due to the declining ability of the aging body to metabolize drugs
- Visual, hearing or cognitive problems may lead to misunderstanding of instructions or failure to question an incorrect or unfamiliar drug
- Advisable to have a family member or able advocate in the room during the exam

Infants and Children

- The younger the patient, the greater the risk of serious medication errors.
- Alert the parents to watch for adverse reactions. Explain what they might be
- Malpractice decisions will favor children

Communication Barriers

- Use an interpreter, preferably someone who lives in their household and can stay in the exam room for the entire exam
- Use staff members who are bilingual
- Write out any special instructions the patient needs to follow.
- Enter into exam notes how you communicated during the exam

Intra/Inter-professional Communication

Communication goes both ways
- -Why are you referring the patient and what have you done so far
- -Expect a letter/report back
- -Read the report and document the date

Send reports to PCP or specialist for:
- -High risk medicines
- -Diabetics

Root Cause Analysis

- It is a requirement of JCAHO
- A thorough, credible root cause analysis must be performed for each reported sentinel event.

The Goal of Root Cause Analysis

- What happened
- Why did it happen
- How to prevent recurrence

Root Cause Analysis (RCA) is a tool for identifying error prevention strategies. It is a process for discovering basic and contributing causes of error with the continuing goal of preventing recurrence.

RCA in an interdisciplinary process involving

- Experts from all services involved
- Those who are the most familiar with the situation
- Asking a series of "why" questions at each level of cause and effect
- Identification of changes needed.
- As great a degree of impartiality as possible
- Resourcing relevant literature
- Consistency
- Developing an action plan

VA National Center for Patient Safety wording on RCA

- Determination of human and other factors
- Determination of related processes and systems
- Analysis of underlying cause and effect systems through a series of "why" questions
- Identification of risks and their potential contributions
- Determination of potential improvement in processes and systems

Reducing Medical Errors

Make correct medical diagnosis

Know when to refer
Inconveniencing the patient should not rule your decision to refer
You are not an expert on everything
Have the proper equipment needed for proper diagnosis including culturing

Reducing Medical Errors

Provide the Correct Treatment Plan

Which may mean referring

Make sure the patient comprehends

Include proper recall/follow up

Reducing Medical Errors

Prescribe Medication Correctly

Advise patient to be their own advocate

Don't re-new without a review

Reducing Medical Errors

Keep equipment accurately operating

Have the proper equipment for diagnosing

Clean equipment properly in front of patient

Reducing Medical Errors

Doctor Education

Prevention of Medical Errors
Jurisprudence
Management of Disease
Full scope therapeutic drug use

Reducing Medical Errors

Education of the staff
- Phone triage
- Proper training on equipment
- Proper pre-testing
- Infection prevention review
- Proper protocol for common emergencies
- Review of standard of care
- Encourage licensing, certification and CE
- OSHA
- CPR?

Reducing Medical Errors

Communication, Communication

According to NY Times (June 2015): To be sued less, doctors should consider talking to patients more. Patients do not like to be rushed or talked down to. Doctors who use humor and spend more time talking to patients are less likely to be sued.

RETURN PHONE CALLS

Patients do not care how much you know until they know how much you care.

When a patient decides they do not like you, the patient begins to look for what is wrong with your office.

Then they file a complaint with the DOH….but that's another lecture….

Reporting Errors

- Mistaken attitude in healthcare that errors are solely the fault of individual doctors has created a major barrier to reporting
- Efforts have focused almost entirely on making providers more careful, thus reinforcing fear of punishment when they fail
- When the fear of punishment is removed, reporting of errors increases 10 to 20 fold

Reporting Errors

Florida Statute 395.0197 mandates internal reporting of any adverse event over which healthcare personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which results in one of the following:

Reporting Errors

Death
Brain or spinal damage
Permanent disfigurement
Fracture or dislocation of bones or joints
A resulting limitation or neurological, physical or sensory function continuing after release
Any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention
Any condition that required the patient be moved to another facility for more acute level of care

Reporting Errors

The risk management reporting system must:

Investigate and analyze the frequency and causes of adverse events to patients
Educate facility staff and agents
Analyze patient grievances related to patient care

Risk Management Plan

- A written plan helps everyone, especially new employees, be aware of your goals for excellence in eye care
- A template makes it easy to record exactly what occurred in case litigation ensues
- These reports do not go into patient file, are not to be mentioned in patient record and not to be copied
- Are to be used by healthcare providers and legal council
- Are to be kept by risk manager (you)

Types of Incidences to Document

- Errors in patient care, wrong medications – for example giving Diamox to a patient with sulfa allergies
- Patient complaints
- Equipment failure
- Fainting incidences
- Dilated patient misjudging the curb while leaving your office

Damage Control

- See patient regularly
- Explain what happened
- Avoid terms like: mistake, error, apology
- Express concern, show compassion
- Don't hurry the situation
- Return phone calls promptly
- If lawyer contacts you – avoid speaking with the patient or their lawyer then notify your malpractice carrier. Their lawyer will advise you

Real Examples

- My Dad's hospital experience
- My patient's wrong power implant
- My office building trip and fall patient

Report from Medscape 2015

- 70% said they were surprised when they received a letter of being sued
- Only 20% of those surveyed went to trial
- 40% said their lawsuit was dismissed
- 32% reached a settlement
- 30% of the cases had no reward
- 20% of the cases were under $100K
- 29% of the cases were over $100K
- 5% of the cases were over $1 million

Specifics in Optometry

- Glaucoma
- Central Corneal Ulcers
- Tobrex vs Tobradex
- PVD vs Retinal Detachment
- Fundus photo instead of dilating
- Recalcitrant CL wearer
- Insurance guided practice

Florida Jurisprudence 2026

Alice Sterling, OD
2026

Alice Sterling has no financial disclosures

Florida Board of Optometry

Board of Optometry

David Rouse, OD - Chair	6/15/2018-10/31/2025
Katie Gilbert Spears, OD, JD	10/31/2019-10/31/2026
Denise Burns-Legros	10/31/2019-10/31/2027
Robert Easton, OD	10/31/2022-10/31/2025
Bryan Stam, OD	4/30/2024- 10/31/2027
John Griffin, JD	10/31/2018 – 10/31/2026
Kevin Rollin, JD	10/31/2017 – 10/31/2025

Mission Statement

- The sole legislative purpose in enacting this chapter is to ensure that every person engaged in the practice of optometry in this state meets the minimum requirements for safe practice. It is the legislative intent that such persons who fall below minimum standards or who otherwise present a danger to the public shall be prohibited from practicing in this state

Florida Optometric Association Board

- Mission Statement: To advance and promote the quality, availability and accessibility of primary eye and related health care of Florida's citizens; to represent the profession of optometry; to enhance and promote the independent and ethical decision-making of its member; and to enable optometric physicians to practice at the highest standards of patient care.

FOA Board

Nathan Etten, O.D. - President
Susan Beck, O.D. – President Elect
Chris Williamson, O.D.- Vice President
Greg Naberhaus, O.D. – Secretary/Treasurer
Hang Thai, O.D. – Senior Trustee
Smith Blanc, O.D. – Trustee
Susan Summerton, O.D. – Trustee
Stuart Kaplan, O.D. - Trustee
Steven Silverstone, O.D. – Chairman of the Board

Florida Statutes "The Laws"

- 463 – Optometry Practice Act
- 456 - Health Professions and Occupations
- 408 - Health Care Administration
- 120 - Administrative Procedure Act
- 119 - Public Record
- 112 - Public Officers and Employees
- 465 - Pharmacy

Florida Administrative Codes "The Rules"

64B-13
Controlled by ruling of the Board of Optometry
AND a bunch of legal people

Website Resources

www.floridasoptometry.gov

www.flrules.org

www.floridaeyes.gov

Division of Medical Quality Assurance

MQA works in conjunction with 22 Boards and 6 councils to license and regulate 7 types of health care facilities and more than 200 license types in over 40 professions.

MQA has 3 bureaus:
Health Care Practioner Regulation
Enforcement
Operations

Key Processes:
Licensure
Enforcement
Information

Board Responsibilities

- Approving or denying licensure applicants
- Reviewing and approving continuing education courses and providers
- Promulgating administrative rules authorized by statute
- Determining probable cause
- Disciplining licensees found to be in violation of applicable laws

Board Responsibilities

- The Board is a governmental regulatory body responsible for protecting the healthy and safety of the public and enforces the laws regarding professional practice.
- The Board adopts rules and policies that establish minimum regulatory standards for safe practice and clarifies the Practice Act.
- Takes disciplinary action in response to violations of the Practice Act and associated rules. The Board cannot independently change Florida Statutes.
- The Board does not take any disciplinary action without an investigation of all facts involved. Licensees are entitled to a hearing and may hire an attorney to represent them.
- The Board does not make or change regulations in secret; it is a public process that includes public meetings.

The Sunshine Law & Public Records

- 286.011 and 286.012 Florida Statutes: All meetings of any Board at which official acts are to be taken are public meetings. Attendance at meetings held in violation of the Sunshine Law can be subject to fines and/or criminal charges.
- Voting: All members of the board present at the meeting must vote on each decision. Three exceptions: Conflict of interest, bias or prejudice, probable cause member.
- Scope of Sunshine Law: The Sunshine Law is applicable to any gathering where the members deal with any matter on which foreseeable action will be taken by the board.

Latest News

•Will there be more on-line options?
•Is the emergency rule a test to see if online CE will expand?
•Electronic Prescribing Requirements
•Human Trafficking
•Nonopioid Alternatives Pamphlet
•Telehealth
•Mobility/Endorsement/Reciprocity
•Fingerprinting
•Non Compete
•New license category

Unlicensed Activity (ULA)

- MQA is charged with stopping unlicensed activity.
- Those individuals who perform regulated health care activities without the proper licensing in FL are usually committing a felony-level crime. When practitioners pay their licensing fees, $5 is designated specifically to combat unlicensed activity.
- The Board does not review unlicensed activity cases.

Impairment Programs – 456.076 F.S.

Treatment programs for impaired practitioners, sets for the requirement for the DOH to designate an impaired practitioner program that will:

Work with the DOH in intervention
Set requirements for evaluating and treating a professional
Establish requirements for continued care of impaired practitioners by approved treatment providers
Require continued monitoring by the consultant of the provided care
Uphold requirements related to the consultant's expulsion of professionals from the program

The DOH has contracted with the Professional Resource Network (PRN)

Finding the Answers You Need

- Websites
- Subscribe for updates on e-mail
- Department of Health Staff
- Board Members
- Past Board Members
- FOA/legal
- Declaratory Statements
- Remember Government in the Sunshine

Department of Health Staff

- Dale DeCastro Mooney Executive Director
- Donatavia Wilson Program Operation
- Kelly Woodward Supervisor/Consultant
- Evelee Taylor Regulatory Specialist
- Nicole Wiley Regulatory Specialist
- Ashley Stelly Regulatory Specialist
- Richard Hudson Regulatory Specialist
- Karen Miller Administrative Assistant
- Keri Kilgore Continuing Education

2023 Board of Optometry Meetings

- February 10 Phone conference
- May 12 Phone conference
- August 11 Phone conference
- October 20 Phone conference

2024 Board of Optometry Meetings

- January 5 Phone Conference
- April 24 Phone Conference
- May 22 Phone Conference
- July 17 Phone Conference
- August 6 Phone Conference
- October 25 Phone Conference

2025 Board of Optometry Meetings

- March 14 Telephone Conference Call
- April 11 Tallahassee
- July 11 Telephone Conference Call
- October 24 Tampa

2026 Board of Optometry Meetings

- January 9 Telephone Conference Call
- April 10
- July 10
- October 9

Healthcare Complaint Portal

The FL Dept. of Health's Division of MQA recently launched a new health care complaint portal.. The portal allows more convenient reporting of everything from unlicensed activity and health care violations, to fraud and more. It provides education on which state or federal agency to contact for a variety of issues ranging from HIPPA violations to independent living facilities.

To visit the portal and to file a complaint, visit:

www.flhealthcomplaint.gov

Complaints and Enforcement

The Consumer Services Unit (CSU) is where the process starts. It is the central intake for all complaints including unlicensed activities. CSU includes investigators and analysts assigned to specific professions. Staff reviews each complaint for possible violations of the laws and rules. Complaints are assigned a computer generated number for tracking purposes.

Legal Sufficiency

If the allegations and supporting documentation show that a violation may have occurred, the complaint is legally sufficient for investigation. The complainant is notified by letter if: 1) an investigation is being initiated, 2) additional information is needed, 3) the complaint is not legally sufficient.

Examples of complaints that may be investigated

- Practicing below minimum standards or negligence
- Impairment/medical condition
- Advertising violation
- Sexual misconduct with a patient
- Misfilled/mislabeled prescription
- Failure to release patient records

Examples of complaints that may not be investigated

- Fee disputes
- Billing disputes
- Personality conflicts
- Bedside manner or rudeness

Investigative Service Unit (ISU)

ISU is the investigative arm of the division. They investigate licensed and unlicensed persons referred from CSU. A staff of professional investigators collect documents and evidence and prepare reports for the Prosecution Services Unit.

Investigative Steps

- Obtaining medical records, documentation and evidence related to the complaint.
- Locating and interviewing the complainant, the patient, the subject and any witnesses.
- Drafting and serving subpoenas for necessary information.
- Compiling a report that will be forwarded to the department's attorneys for legal review.

Prosecution Services Unit

Attorneys review the investigative report to recommend a course of action that may include:

Emergency Order
Expert Review
Closing Order
Administrative Complaint

Probable Cause Panel

- Comprised of 2-3 board members (Can be past board member and consumer member)
- Closing Order: Case dismissed if expert opinion does not support the allegations. (Does not become public record)
- Administrative Complaint: Panel decides the allegations are supported (Becomes public record)

Administrative Complaint Options

- Disputed issues are argued before the Division of Administrative Hearings
- Stipulation Agreement
- Hearing before the board to present mitigating factors
- Voluntary relinquishing of license

Common Citations

CSU has the authority to issue without going through the entire process:

•Advertising

•Continuing Education

Common Complaints

- Common but not investigated: Disgruntled patients due to fees/charges or personality conflicts
- Common investigated charges: Improper record keeping, inappropriate conduct, scope of practice
- Common but not enough evidence to move forward: illegal commercial leases

No one is protecting you but you!

- Ignorance is not a defense
- Licensee is responsible for knowing the laws and rules
- Review 456, 463, and 64B-13 every year:
  - Chapter outlines make it easy to find
  - 64B-13 changes more than the Statutes

New Legislation Impacting Optometry

- HB 21 – Controlled Substances – Effective July 1, 2018

456.0301 F.S. – Requires practitioners to complete a specified board approved CE course to prescribe controlled substances. The bill defines "acute pain" and establishes prescribing guidelines and grounds for disciplinary action if not followed. It limits opioid prescriptions for the Tx of acute pain to a specified time period and requires HCPs to check the prescription drug monitoring program (PDMP) database prior to prescribing or dispensing controlled substances.

New Legislation (cont'd)

- All licensed and certified optometrists who registered with the DEA and are authorized to administer and prescribe are impacted by the changes in the Controlled Substance Bill. There are four key changes in the law for all certified optometrists.

New Legislation (cont'd)

- A Certified optometrist must take a Board approved 2 hour CE course on prescribing controlled substances
- Prescription supply limits for the treatment of acute pain that may not exceed 3 days or up to a 7 day supply in special circumstances.
- The FL Board of Optometry will develop guidelines for prescribing controlled substances for acute pain
- Certified optometrists will be required to utilize the PDMP for the prescribing or dispensing of controlled substances.

More HB 21

- Online CE approved as part of the statute
  - Must complete prior to January 31, 2019
  - Available on CEBroker
- Rulemaking
  - Disciplinary consequences to be determined
  - Where the 2 hours fit into the 30 hours
  - Possibly a requirement for non DEA ODs

As part of the 30 hours, all certified ODs registered with DEA shall, and all licensed ODs may, complete a board approved 2 hour course on prescribing controlled substances. All certified ODs registered with DEA must complete the course by 1/31/2019, and during each subsequent licensure renewal biennium. For all licensees, the course may be completed in either a live or online format

Online CE Courses

Controlled Substance – 2 hours – only available online. Will be permitted as 2 hours of the 30

Practice Management - 2 hours will be allowed as online credit as part of the 30 hour requirement

Oral Ocular Drug Certification- 20 hours approved online as part of the 30 hour requirement.

Human Trafficking is required for new licensees and is available online. However, it is not counted as CE since there is no optometric specific education involved.

Emergency On-Line CE Rule

- Allows for virtual-live interactive synchronous online CE credit.
- Only allowed for December 1, 2020 through February 28, 2021
- Course providers must confirm attendees are visible for the entire course.
- TQ courses must have the capability of being submitted and graded electronically.

You Should Already Be Aware

- F.S. 456 Health care fraud
- F.S. 483 Clinical laboratories
- F.S. 463 Oral Drugs
  Adverse events
  Boxing
- 64B-13 Initial State licensing
  Dispensing optometrist
  Fees

Prescription Drug Importation Programs

The law establishes 2 programs to safely import FDA approved prescription drugs into FL: the Canadian Importation Program and the International Drug Importation Program. The Department is responsible for the creation of and inspection of new permits for an international export pharmacy. The law creates eligibility criteria for the types of prescription drugs to be imported, the importation process, safety standards, distribution requirements and penalties for violations of the established program. Federal approval is required before the programs may begin.

Chapter 2016-240

House Bill 7087 passed and became law on 4/14/2016. This bill creates the Telehealth Advisory Council and also requires AHCA, DOH and OIR to survey healthcare facilities, healthcare practitioners, insurers, and HMOs regarding the use of telehealth in FL. The Telehealth Advisory Council is tasked with reviewing the survey and research findings and making recommendations to increase the use and accessibility of telehealth in FL

2016-240 continued

Effective July 1, 2016, DOH will survey all health care practitioners, as defined by 456.001, F.S., upon and as a condition of renewal. The telehealth survey conducted by DOH during licensure renewal is required, and the DOH may assess fines for non-compliance with the survey request.

AHCA has launched a dedicated webpage for House Bill 7087. It includes information, FAQs, links, resources and surveys. www.ahca.myflorida.com/SCHS/telehealth

Telehealth: July 1, 2019

Creates section 456.47, F.S. establishing standards of practice for telehealth providers, registration of out-of-state providers, venue requirements and exemptions. Additionally, effective July 1, 2020, the Department shall annually review the amount of any fees collected under section 456.47, F.S. to determine whether such fees are sufficient for the Department or Board to implement the section.

Telehealth Licensing

The out of state telehealth provider registration is for health care practitioners licensed outside of FL only. Florida licensees can already provide telehealth services to patients in FL that they can treat in person.

Out of State Telehealth Providers

- Submit Application
- Must have unencumbered license from another state
- No pending investigations for 5 years
- Maintain liability coverage equal to FL doctors
- Not open an office in FL for in person care
- Only use FL licensed pharmacy

Nonopioid Alternatives: 7/1/2019

Creates section 456.44 (), F.S., requiring the Department to develop and publish on its website an education pamphlet regarding the use of nonopioid alternative for the treatment of pain.

Prior to ordering Schedule II drugs, the law requires the discussion of non-opioid alternatives with the patient and dispensing of the pamphlet “Alternatives to Opioids”

The law does not apply to emergency situations.

Alternative Treatment Options for Veterans

Creates section 295.156, F.S. that requires alternative treatment services for veterans who have been certified by the Dept of Veteran Affairs as having TBI and PTSD to be provided under the direction and supervision of a licensed physician, osteopathic physician, chiropractic physician, nurse, psychologist, or a clinical social worker, marriage and family therapist or mental health counselors.

Electronic Prescribing: 1/1/2020

The law relocates language regarding electronic prescribing from existing section 456.43, F.S. to section 456.42, F.S. and repeals section 456.43 F.S. The law requires prescribers to generate and transmit all prescriptions electronically, except when electronic prescribing is unavailable due to a temporary electrical or technological failure. In such instances, written prescriptions may be used, which must meet the requirements under current section 456.43, F.S.

Exceptions

- The practitioner and the dispenser are the same entity
- The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard
- The practitioner has been issued a waiver by the department, not to exceed 1 year, due to demonstrated economic hardship, technology limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance
- The practitioner determines that it would be impractical for the patient to obtain a prescribed drug electronically in a timely manner and a delay would adversely impact the patient's condition
- The drug is being prescribed under a research protocol
- If the drug contains elements that may not be included in the electronically designed format.

Exceptions continued

- The prescription is issued to a patient receiving hospice care or who is a resident of a nursing home facility
- The practitioner determines that it is in the best interest of the patient, or the patient determines that it is in his or her own best interest to compare prescription drug prices among area pharmacies. The practitioner must document such determination in the patient's medical record.
- Frequently Asked Questions

Human Trafficking: 7/1/2019

456.0341, F.S. The requirements of this section appley to each person licensed under chaper 457, 458, 459, 460, 461, 463, 466, 468, 480, 486

By 1/1/2021, each licensee holder shall complete a board approved, 1 hour CE course on human trafficking. The course must address both sex trafficking and labor trafficking, how to identify individuals who may be victims of human trafficking, how to report cases of human trafficking, and resources available to victims.

Human Trafficking (continued)

Each licensing board that requires a licensee to complete a course pursuant to this section must include the hour required for completion in the total hours of continuing education required by law.

By 1/1/2021, the licensee shall post in their place of work in a conspicuous place accessible to employees a sign at least 11x15 inches, printed in a clearly legible font in at least a 32 point type, which substantially states in English and Spanish:

Human Trafficking: continued

"If you, or someone you know, is being forced to engage in any activity and cannot leave, whether it is prostitution, housework, farm work, restaurant work, or any other activity, call the National Human Trafficking Resource Center at 888-373-7888 or text INFO or HELP to 233-733-to access help and services. Victims of slavery and human trafficking are protected under US and FL law"

Procedures Regarding Topical Ocular Pharmaceutical Agents

- 1. Requests for the addition, deletion or modification of the formulary of TOPAs shall be filed w/ the Board
- 2. The request shall be in writing and contain:
- a) Name, address and phone of entity filing
- b) Chemical name of agent
- c) Brand name of agent
- d) Concentration of agent
- e) FDA approved information sheet for agent
- f) Date of release of agent by FDA
- g) Explanation of why the request is being made

Also

•Tyrvaya – varenicline

•Xdemvy- lotilaner

•Miebo – perfluorohexyloctane

•VIZZ -

Reminder

- The Board of Optometry met on July 18, 2019 in Orlando regarding adding Rocklatan to the formulary. The board dismissed the request as name brands cannot be added and the combined ingredients are already on the formulary (netarsudil 0.02% and latanoprost 0.005%)

Section 456.0635, Florida Statutes

Important Notice for Initial Licensure Applicants and Renewals: Effective July 1, 2012, Section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Section 456.0635, Florida Statutes (cont'd)

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree under Section 893.13(6)(a), F.S., more than 5 years from the date of the plea, sentence and completion of any subsequent probation;

Section 456.0635, Florida Statutes (cont'd)

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;

3. Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

Section 456.0635, Florida Statutes (cont'd)

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application;

5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

NOTE: This section does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

Chapter 483

- On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice in several aspects for certain certified optometrists. One of those changes affects an optometrist's ability to own and operate a clinical laboratory.
- Specifically, the law amended Section 483.035, F.S. to allow certified optometrists to own and operate a clinical laboratory by modifying the definition of "licensed practitioner" to include practitioners licensed under Chapter 463, F.S. Additionally, Section 483.181, F.S., was amended to allow certified optometrists to order clinical laboratory testing.

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes impacts the requirements for co-management of postoperative care by an optometrist.
- The law added several requirements for co-management between an ophthalmologist who performed a surgical procedure and an optometrist who will provide at least part of the postoperative care. The terms of the co-management agreement will be governed by a transfer of care letter between the two health care practitioners, as well as any other legal requirements that may exist.

Chapter 463 – Co-Management (cont'd)

The patient must be fully informed of, and consent in writing to, the co-management of postoperative care. The transfer of care letter must state that:

•It is not medically necessary for the operating ophthalmologist to deliver postoperative care; and

•It is clinically appropriate for the optometrist to provide the postoperative care.

Chapter 463 – Co-Management (cont'd)

- Prior to the commencement of postoperative care, the patient must be informed, in writing, that:
- The patient has the right to have all postoperative care delivered by the operating ophthalmologist;
- The patient must also be informed of the fees being charged by the physician that performed the surgery and the optometrist for providing postoperative care; and
- The patient must be provided with an accurate and comprehensive itemized statement of the specific postoperative care being provided by the physician that performed the surgery and the optometrist, along with the charge(s) for each service.

Chapter 463

On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes impacts when and how adverse incidents in the practice of optometry are reported to the Department of Health.

Effective January 1, 2014, certified optometrists will be required to report to the Department of Health any adverse incidents in the practice of optometry. An adverse incident is defined to mean, "any of the following events when it is reasonable to believe that the event is attributable to the prescription of an oral ocular pharmaceutical agent" by a certified optometrist:

Reportable Adverse Events

Any condition requiring a patient's transfer to a hospital

Any condition that requires care and treatment from a physician, other than a referral or consultation

Permanent physical injury to the patient

Partial or complete permanent loss of sight by the patient

Death of a patient

Reportable Adverse Events

The reports must be:

Sent by certified mail and postmarked within 15 days after the adverse incident occurs.

Mail the completed Adverse Incident Form to:

Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32311-7840

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes amended Section 463.0135, Florida Statutes, expanding the scope of practice to allow a certified optometrist to perform any eye examination, including a dilated examination, as required or authorized by law for boxing exhibitions

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. The law now includes prescription authority for certain certified optometrists.
- Any certified optometrist that completes a 20 hour course and passes a subsequent examination on general and ocular pharmaceutical agents and their side effects may prescribe certain oral drugs to treat injuries and diseases of the eye. To register for the course and examination, please visit http://optometristonlinece.com for additional information. Specifically, a certified optometrist who completes the course and passes the examination mentioned above may administer or prescribe the following drugs or their generic equivalents.

Oral Medications List

Tramadol hydrochloride
Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg
Amoxicillin with or without clavulanic acid.
Azithromycin
Erythromycin
Dicloxacillin
Doxycycline/Tetracycline
Keflex
Minocycline
Acyclovir
Famciclovir
Valacyclovir
Acetazolamide
Methazolamide

Oral Medications (cont'd)

However, certified optometrists may not provide a prescription for more than a 72 hour supply of tramadol hydrochloride, acetaminophen 300 mg with no. 3 codeine phosphate 30 mg, acetazolamide, or methazolamide without consulting a licensed medical or osteopathic physician.

Certified optometrists are strictly prohibited from administering or prescribing any controlled substances that are not specifically listed above. Moreover, certified optometrists may not administer or prescribe any controlled substance for the treatment of chronic nonmalignant pain as defined in Section 456.44(1)(e), Florida Statutes. Additionally, certified optometrists are prohibited from prescribing, ordering, dispensing, administering, selling, or giving any drug for the purpose of treating a systemic disease. However, the law provides a single exception, which allows certified optometrist to utilize commonly accepted means and methods to immediately address anaphylaxis.

Oral Medications (cont'd)

Once the course has been taken and the examination has been passed, a certified optometrist must register with the DEA for the purpose of prescribing the controlled substances listed above. Additionally, certified optometrists have been added to the list of health care practitioners that may access the Prescription Drug Monitoring Program (PDMP) when prescribing controlled substances.

Branch Office Licensing

As of March 13,2014, Rule 64B13-16.002 was repealed and optometrists are no longer required to renew their Branch office license. All clear/active optometry branch office licenses would become null/void effective 3/2/15. streamline the regulatory process. The rule was repealed to reduce regulatory burdens, and to streamline the regulatory process.

Let Your Out of State Friends Know

Previously, ODs with Florida licenses who did not practice in FL a single day of the biennium could confirm at renewal that they had read 463 F.S. and 64B-13 F.A.C. However, to be in compliance with 463 F.S. the Board now requires that all Florida licensees must take the live course for renewal each biennium….or sit through a Board Meeting….however……

All Licensees Be Aware…

…… the Board meeting must be in person (not a phone conference). There must be at least one disciplinary case being heard and it must last 4 hours…

But wait! That just changed also since the Board meetings rarely last 4 hours. New wording. "Four hours or the duration of the meeting"

CE Broker Update

- Monitor your CE hours. No fee for this view.
- Licensed OD needs to have all their hours listed prior to renewal date.
- Providers submit proof of attendance but licensees need to confirm.
- After CE hours have been confirmed, it is easy to log in to FLHealthSource.com to complete the renewal of a license.
- DEA link