

Survey of Recently TPA Certified Optometrists

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Abstract:

A survey of Optometrists was taken immediately following a continuing education course which certified the doctors in therapeutic pharmaceutical use. The survey asked what diseases the doctors would treat and who they would refer to, what pharmaceuticals they would use and not use, what procedures and tests they would perform, order or refer, and how the use of TPA's would effect their practices. A follow-up survey was taken to discover how the doctor's ideas had changed since using therapeutic pharmaceuticals for six months. The paper outlines the survey findings and highlights points of interest.

Introduction:

Optometrists in the state of Michigan recently received the right to use therapeutic pharmaceutical agents (TPA's) in the practice of optometry. Many doctors who graduated before 1987 did not have the required hours of education in the use of therapeutic pharmaceuticals to become certified once the TPA bill was approved. These doctors were required to take an intensive continuing education course to become TPA certified. Immediately after the two week TPA course was completed, the doctors were surveyed to determine what diseases they were planning to treat and who they would refer to if they did not treat, what pharmaceutical classes they planned to use, what tests and procedures they planned to perform, order or refer, and how the use of TPA's would effect their practices. A follow-up survey was conducted to determine how the doctors actually practiced and how their ideas had changed during the following six months with the right to use TPA's.

The survey contained pharmaceuticals included and not included in the TPA law, diseases that could be and could not be treated, and some diseases that were in a "gray area" under the TPA law. The treatment of glaucoma by optometrists in Michigan is under question, "gray area", by the state surgeon general although it is allowed in the TPA law.

Survey Results:

The following are the initial and six month follow-up survey results. The total number of responses from the initial survey was 43. The follow up survey netted 31 responses from the total of 43 mailings. The following results, in spread sheet form, break the doctors up into mode of practice (Solo, OD Group, Corporate, and Institutional) and supply a total for the surveys.

The results when comparing the conditions and diseases that were planned to be treated between the two surveys are, in general, comparable. The area with the greatest difference is the treatment of glaucoma. The initial survey shows a much higher treatment rate than the follow-up survey. This difference is most likely due to the surgeon general's opinion that optometry should not be allowed to treat glaucoma, which was released during the period between the two surveys.

Practice Enhancement	Total	Solo	OD Group	Corporate	Institutional
1. % of patients requiring TPA's	N=43	N=17	N=15	N=7	N=4
<2%	19	18	7	43	25
2-6%	53	65	66	14	25
6-10%	26	17	27	43	25
10-20%	0	0	0	0	0
>20%	2	0	0	0	25
2. % of doctor and staff time spent with these patients.					
<2%	30	18	53	14	25
2-6%	53	65	40	58	50
6-10%	12	17	7	14	0
10-20%	5	0	0	14	25
>20%	0	0	0	0	0
3. Will TPA use require more staff?					
Yes	14	12	20	14	0
No	86	88	80	86	100
4. Will TPA use require more staff training?					
Yes	88	94	87	100	50
No	12	6	13	0	50
5. Will TPA use require more space?					
Yes	30	18	27	86	0
No	70	82	73	14	100
6. Will TPA use require more equipment?					
Yes	70	71	73	86	25
No	30	29	27	14	75
7. How much will TPA use increase net income assuming reimbursement by 3rd parties?					
<2%	28	24	47	0	25
2-6%	42	47	47	14	50
6-10%	26	24	6	71	25
10-20%	2	5	0	0	0
>20%	2	0	0	15	0

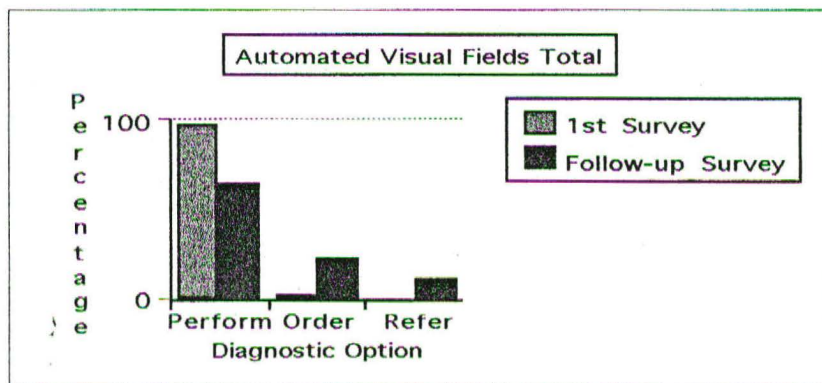
Practice Enhancement	Total	Solo	OD Group	Corporate	Institutional
1. % of patients requiring TPA's	N=31	N=12	N=10	N=7	N=2
<2%	19	0	10	57	50
2-6%	62	58	90	29	50
6-10%	19	42	0	14	0
10-20%	0	0	0	0	0
>20%	0	0	0	0	0
2. % of doctor and staff time spent with these patients:					
<2%	48	42	50	57	50
2-6%	26	42	10	29	0
6-10%	26	16	40	14	50
10-20%	0	0	0	0	0
>20%	0	0	0	0	0
3. Will TPA use require more staff?					
Yes	3	8	0	0	0
No	97	92	100	100	100
4. Will TPA use require more staff training?					
Yes	77	75	80	71	100
No	23	25	20	29	0
5. Will TPA use require more space?					
Yes	29	33	20	43	0
No	71	67	80	57	100
6. Will TPA use require more equipment?					
Yes	55	75	40	57	0
No	45	25	60	43	100
7. How much has TPA use increased net income?					
<2%	68	42	100	71	50
2-6%	26	42	0	29	50
6-10%	0	0	0	0	0
10-20%	6	16	0	0	0
>20%	0	0	0	0	0

An interesting discovery that was consistent between the surveys was the low rate of intraprofessional referrals among optometrists. The initial survey showed a zero to nine percent referral rate for the conditions listed. The follow-up survey showed that the only intraprofessional referrals made by those surveyed were in the area of glaucoma management, which has questionable legal aspects.

The initial survey showed that the doctors planned to use the pharmaceuticals under the TPA law extensively, as well as some pharmaceuticals that were not covered by the TPA law, such as oral medications. The follow-up survey revealed that the use of the TPA law covered pharmaceuticals was not as extensive as projected and the use of nonTPA covered medications was nearly nonexistent.

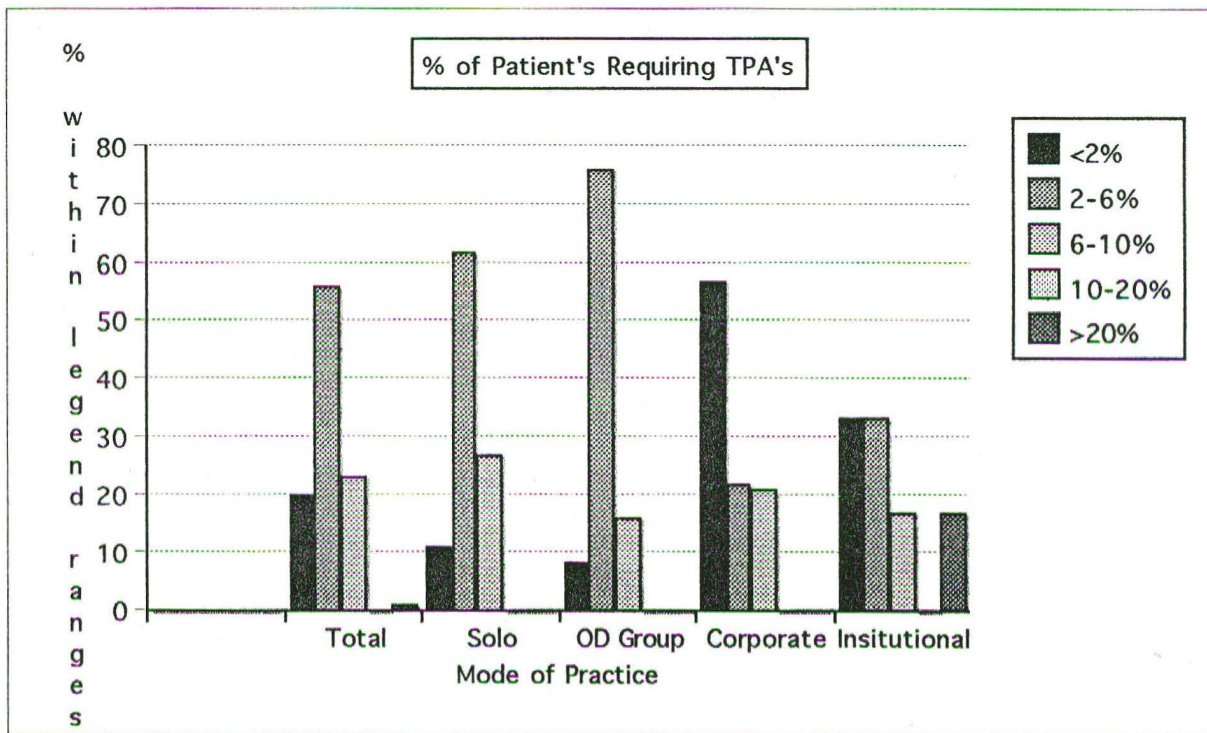
Diagnostic options also showed a significant difference between the surveys. In general, more tests were planned to be performed by the doctor than were shown to have been performed in the six month follow-up survey. In the initial survey, some doctors planned to perform their own blood work and such procedures as Tensilon testing. These findings did not present in the second survey.

There was also a drop in the percentage of doctors who planned to perform their own automated visual fields from 98% in the initial survey to just 65% in the follow-up survey. All practice modes showed a decline in this area, with corporate and OD group practitioners having the greatest decline.

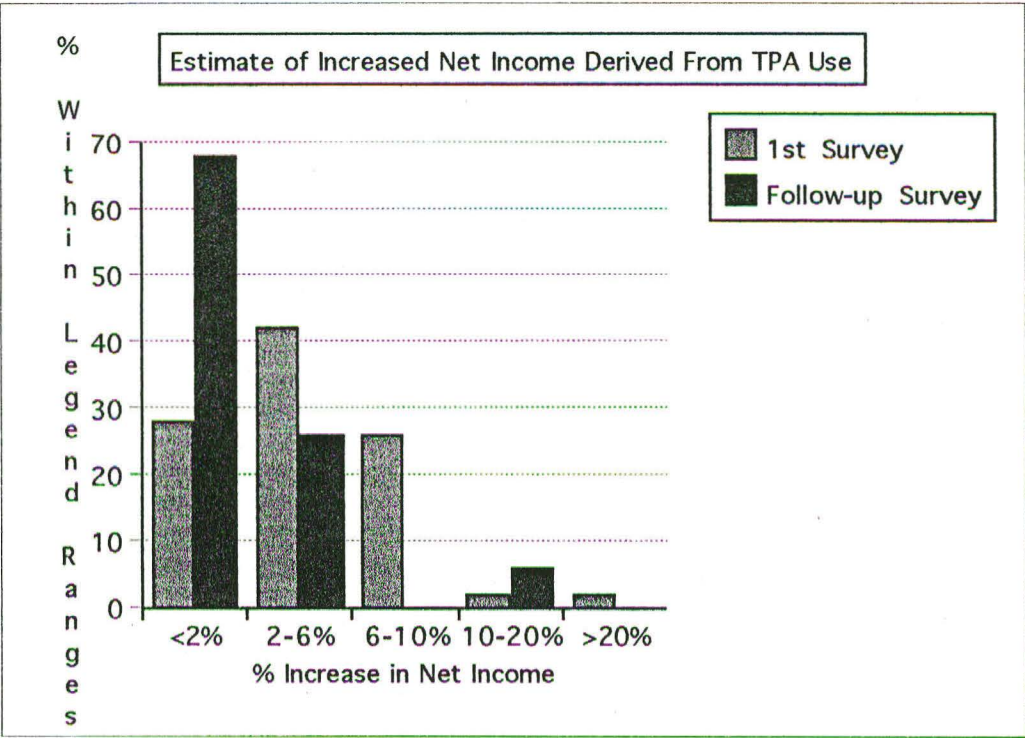


The percentage of patients estimated to need therapeutic pharmaceutical agents was comparable to the percentage stated in the follow-up survey. However, the revenue generated from these patients was significantly lower than the estimated amounts on the initial survey.

The following graph illustrates the average percentage of patients requiring TPA's considering both surveys and is broken down by mode of practice.



The graph below illustrates the difference between the expected income generation from therapeutic pharmaceutical agent use at the time of the continuing education course and the estimated net income generation after practicing with TPA's for six months. The initial survey illustrates an optimistic view of reimbursement for managing the conditions associated with TPA use. This percentage increase in net profit may rise in the future should the doctors surveyed learn methods to increase reimbursement from and/or for these patients.



The surveyed optometrists believed that TPA use would require more staff training, but would not increase the work load of the office staff sufficiently to result in the hiring of more staff members. The follow-up survey supported this belief. Approximately one half of the respondents from the follow-up survey bought new equipment due to TPA use. This is down slightly from the estimate of 70% on the initial survey.

Discussion:

The educational requirements and methods of practicing optometry have changed dramatically in the last thirty years. These surveys illustrate the varied expectations of a sample of optometrists with a wide range of experiences and education. The results of these surveys shows to what extent of the TPA law that this cross-section is planning to practice and areas in which optometry should strive to improve.

One glaring problem that these surveys brought to the fore, is the nearly nonexistent occurrence of intraprofessional referrals. This has been a problem for many years in optometry and appears to continue with the management of eye disease. Very few of the doctors surveyed planned to refer to another optometrist for conditions that could be treated under the current TPA law. Interestingly, the greatest number of intraprofessional referrals was related to the management of glaucoma, which is more difficult to treat than many of the other conditions surveyed and is of questionable legality at this time.

The significant difference between the attitude of the doctors at the time of the continuing education course and the six month follow-up survey in regards to pharmaceutical treatment may indicate that the doctors became empowered with their new knowledge at the time of the course, but became more cautious when they actually started to treat their patients. Future surveys may show a more aggressive stance taken by these doctors once they become comfortable treating eye disease.

The low rate of tests and procedures performed and ordered by the doctors surveyed illustrates that optometry is not yet fully integrated into the medical community. The profession of optometry could have a stronger stance in the managed care arena should a medical approach to optometry be taken and fewer tests and procedures be referred that optometrists could perform or

order directly.

There is significant potential for optometrists to increase their income through the treatment of conditions allowed by the TPA law. Optometry needs to increase public awareness of the ability of optometry to treat eye disease in order to increase net income while providing the public with a lower cost alternative to ocular disease management. Optometry also must work diligently to increase reimbursement by third party payers if we are to have a "piece of the managed care pie".

Bibliography

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