

VISION SCREENING, ITINERANT PRACTICES AND MOBILE CLINICS

INTRODUCTION

The ever increasing numbers of practitioners competing for “business” within the urban areas has resulted in them experiencing the constraints of over-serviced markets. This has resulted in numerous attempts being made to increase the individual share of the diminishing market and hence one sees the introduction of mobile practices and corporate vision screening. As these initiatives are being undertaken in already well serviced areas, they contain elements of canvassing and touting as they attempt to lure patients away from colleagues within the areas. This unfortunate scenario has resulted in the PBODO identifying a need look into protecting the public from the negative effects of these practices. These guidelines cover vision screening, mobile practices.

DEFINITIONS:

Primary Care Practitioner:

A primary care practitioner is defined as one "who knows the patient, is available for first contact and continuing care, and who offers a portal of entry to specialists for those conditions warranting referral"¹.

The comprehensive examination of the eye and surrounding tissues, with or without special equipment enables the practitioner to diagnose primary ocular diseases or ocular diseases secondary to systemic problems. For this reason, Optometrists are regarded as primary eye care practitioners.

Vision Screening:

A vision screening is an assessment made to discover and refer individuals who may need a comprehensive eye examination and further management by an eye care professional.

Eye Examination:

A comprehensive investigation of the eyes, surrounding tissues and visual system, to identify and correct refractive error, binocular abnormalities and diagnose primary ocular diseases or ocular diseases secondary to systemic problems.

¹ Catania L.J. Primary care. In: Newcomb RD, Marshall EC, eds. Public Health and Community Optometry, 2nd ed. Boston: Butterworth's, 1990:295-310 2

Itinerant Practice:

A practice which a practitioner conducts on a regular basis at a location other than at his or her resident practice addresses (i.e. a satellite practice).

Mobile Clinic:

A practice which a practitioner conducts out of a vehicle. This vehicle is used to move from place to place to offer care. The goal of rendering service from a mobile clinic is to make health services accessible to communities who are otherwise under serviced. 3

A. VISION SCREENING

Protocols for industrial, corporate, community and school screening

In serving its role of protecting and educating the public and guiding the professions - the PBODO has identified a need to develop guidelines for vision screening activities performed within the industrial, corporate, community and school environments.

Preliminary Disciplinary Committees are frequently faced with various issues pertaining to activities performed under the guise of vision screening.

These aberrant activities include canvassing and touting of patients, exploiting medical aid benefits of members, over-reaching for services rendered (i.e. performing a screening, but invoicing a full examination fee), over-servicing and misleading employees into believing that the screening is compulsory, to name a few.

Vision Screening vs. a Comprehensive Eye Examination

Vision screening is an entry level investigative procedure where the goal of the activity is to identify individuals in need of referral for a comprehensive examination. As such - no definitive diagnosis, management or prescription is issued from the screening procedure. Outcomes of the screening process include the provision of referral notes to the individuals identified as requiring further investigation and generation of statistical reports for the respective corporate, industrial or school management.

During this "visual screening" exercise, should a diagnosis be made, and a prescription given and/or dispensed, the service can no longer be regarded as a vision screening and should be seen as a comprehensive service. In this case the professional service and responsibility should comply with the standards of care for a comprehensive eye examination as determined by the PBODO of the HPCSA. (Appendix 1) 4

Elements of a Vision Screening Procedure

A basic screening should include the following elements:

- 1.) Brief history
- 2.) Uncorrected VA (R, L, Both) at 6m and 40cm
- 3.) Habitual VA (R, L, Both) at 6m and 40cm
- 4.) Pinhole VA (R, L, Both) at 6m and 40cm
(where VA<6/9) + lens evaluation (latent Hyperopia)
- 5.) Oculomotor evaluation (9 cardinal positions of gaze)
- 6.) Accommodative tests
- 7.) NPC
- 8.) Pupil responses
- 9.) Color vision
- 10.) Stereopsis
- 11.) Visual fields
- 12.) External Health
- 13.) Internal Health
- 14.) Tonometry

Depending on the goal of the screening and the population screened, the test battery used might vary considerably and may be limited to only a few of the procedures mentioned above. In such a case it should be made clear to the population being screened what the goal of the screening is and that the services rendered are 'For Screening Purposes Only'.

E.g.

Goal 1: ***School screening***

- a.) Should the population be young children, emphasis might be placed on skills related to academic performance and concentration. The practitioner may need to include or exclude additional procedures e.g. include perceptual tests or exclude tonometry for children.

Goal 2: ***Glaucoma screening***

- b.) Should the goal of the screening be to identify patients at risk for the development of e.g. Glaucoma – the tests selected for the screening protocol will be selected for their particular isolated diagnostic value and individuals screened must be informed that only one aspect has been screened and that a vision screening or comprehensive visual examination must still be undertaken.

The use of auto-refractors has become commonplace and an easy and fairly accurate way to determine the relative change in refractive error compared to a patient's current prescription. However the use of an auto-refractor as part of a standard screening procedure is by no means a necessity and must be used in conjunction with all the other tests needed to conduct the necessary tests for vision screening. Auto-refractors must not be used on their own as they do not fulfill the required components of vision screening.

Canvassing and Touting

Within the current rules of conduct pertaining to professions regulated by the HPCSA, the solicitation of 'business' by practitioners under the guise of vision screening would contravene the principles of touting and canvassing.

Should practitioners wish to screen employees of a corporate entity or learners at schools, this would need to be instituted as a community service initiative, preferably under the auspices of their professional body or with the collaboration of other resident practitioners.

Educational pamphlets with markings 'sponsored by....Screening Optometrist' or a referral note stating "further examination by **your** optometrist or eye care practitioner is recommended – sponsored by ...Screening Optometrist" would be acceptable.

At no time should the screening be deemed compulsory. Many of the employees or learners might have their own preferred optometrists or eye care practitioners whom they might rather choose to see. Any attempt to direct patients to your practice will be considered canvassing and touting and will also contravene the regulations on supercession.

NB: Should a business, corporation or school approach the practice and/or practitioner and invite the practitioner to render a *screening service* at their facility the practitioner has the responsibility to advise the institution about the regulations governing the practitioner and to ensure that necessary procedures have been followed e.g. informed consent from individuals (parents/guardians) to be screened and unacceptable advertising or promotion of the practitioner has not occurred. 6

B. MOBILE CLINICS

Noting the need to improve access to eye care services in underserved areas in the country, the PBODO identifies mobile services as an interim means to achieve this until permanent health facilities are developed. The PBODO additionally realises its responsibility to ensure that initiatives to improve access are conducted within a regulated framework and employs the same standards of care that pertains in areas where eye care services are adequate. .

Currently, mobile practices are fraught with various professional transgressions such as inadequate level of care, canvassing, touting etc.

Disciplinary Preliminary Committees are regularly faced with complaints concerning mobile units and have difficulty tracing the responsible practitioner. The practice of “hit and run” is not ethically or professionally acceptable. It has been noted that mobile units are conducting services in areas that have adequate numbers of practices and hence servicing already over-serviced areas, exacerbating the neglect of underserved areas of the country.

Mobile practices should at least comply with the following basic rules:

1. Practices should be registered for operation within a defined underserved area only.
2. Equipment must be as defined for a comprehensive visual examination
3. Optical appliance dispensing must be conducted by the original practitioner at the site visited.
4. Practitioner concerned must have an established office/practice from which the mobile clinic is operated. Patients must be able to contact the practitioner at this office should they require further assistance or care. Patients should be provided with details of the practitioners fixed address and closest health facility for emergency ocular health care. The registered practitioner owning the mobile unit must make arrangements with the respective health facility to accept the patients in cases of emergency.
5. Stand alone mobile clinics are not encouraged.
6. Practitioners must at all times comply with the ethical as well as advertising rules laid down by the HPCSA

The Professional Board of Optometry and Dispensing Opticians does not support this method of practice unless it complies with the guidelines. Practitioners and institutions wanting to use this method of service must apply with motivation to the HPCSA Professional Board for Optometry and Dispensing Opticians for approval.

Applications will be considered by the Professional Board and should the application meet the criteria, registration will be granted for a 3 year fixed period. Applicants will be required to re-apply every 3 years.

All practitioners (including NGO's) must apply prior to setting up a mobile practice. All practitioners rendering care at the time of promulgation of this legislation should ascertain their compliance to the regulations and should apply for registration with a period of four (4) months from date of promulgation.

C. ITINERANT PRACTICES

Noting that mobile practices is in essence a form of itinerant practice - it is the view of the PBODO that a mobile practice should comply to all regulations relevant to itinerant practices.

It shall therefore only be permissible for a practitioner to conduct a regularly recurring itinerant practice at a place where another practitioner is established if, in such itinerant practice (or mobile practice), he or she renders the same service to his or her patients, at the same fee or fees, as the service which he or she would render in the area in which he or she is resident.

SUPERSESSION.

In rendering care at a mobile or itinerant practice - no practitioner shall supersede or take over a patient from another practitioner if he or she is aware that the patient is under treatment of another practitioner, unless he or she takes reasonable steps, as a matter of courtesy, to inform the practitioner who was originally in charge of the case that he or she had taken over the patient at that patient's request and to establish from the original practitioner what treatment the patient previously received, and, in such a case, the original practitioner shall be obliged to provide the required information.

The PBODO endeavors to uplift and maintain the standards of care of the practice of the profession, irrespective of the context within which the service is undertaken. 8

IMPEDING A PATIENT:

A practitioner rendering screening services or rendering services from a mobile clinic shall not impede a patient, or in the case of a minor, the parent or guardian of such minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.