



February 27, 2004

Dear Members of the Legislative Committee on Health Care

I am Paul W. Hiss, M.D., a practicing ophthalmologist in the State of Nevada. I the worked with various optometrists in our State fulfilling their requirements to receive their glaucoma certification. I have reviewed the proposed change in the regulation (LCB File No. R214-03) and I am in favor of the changes. The proposed changes are a benefit to the patients that I will be co-managing with optometrists.

If I can be of any further assistance please contact me.

Sincerely,

Paul W. Hiss, M.D.

EXHIBIT M HealthCare Document consists of 5 pages

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Through provided.

A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@lcb.state.nv.us)

Meeting Date 3-3-04



Robert S. Wolff, M.D.

BOARD CERTIFIED IN OPHTHALMOLDGY

February 27, 2004

Members of Legislative Committee on Health Care Carson City, NV

Re: NAC 636.280 and 636.290

To Members of Legislative Committee on Health Care:

I am writing in support of the proposed changes to the Nevada Optometric Glaucoma Treatment regulations NAC 636.280 and 636.290.

The most significant change recommended applies to NAC 636.290 1a, in which the course of treatment is proposed to change from the current mandatory follow-up of every four months to a follow-up course as "deemed necessary and prudent by the optometrist and the consulting ophthalmologist." The current regulation suggests a rigid 4-month follow-up for all glaucoma patients. However, glaucoma is a dynamic disease that requires individualized treatment plans. Typically, a patient may need to be seen frequently during the first few months following diagnosis in order to adequately bring the glaucoma under good control. Once under good control, patients are followed at intervals to ensure maintenance of control; just what these maintenance intervals should be depends on the patient and the degree of disease. Some patients require close monitoring (every 3 months or sooner), while other patients may require monitoring every 6 months or longer.

The most important point is that the patient receive appropriate care. The regulation requires the treating optometrist to "Provide...the proposed course of treatment to the consulting ophthalmologist." The ophthalmologist has the important role of approving or discussing changes to the course of treatment, as well as monitoring the course of treatment over the year through correspondence from the optometrist.

I have certified four optometrists so far, and in no case was there any issue regarding the optometrist's ability to formulate a treatment plan, monitor patients, and adjust the treatment as necessary.

Sincerely.

Robert S. Wolff, M.D.



Co-management of Glaucoma Patients for Certification in Nevada

- 1) A total of 15 patients are required for certification, with one year of glaucoma treatment beginning no earlier than October 1, 1999. Patients who are glaucoma suspects not requiring treatment will not count towards certification.
- 2) The optometrist will notify the ophthalmologist as soon as possible when he wishes to include a patient in the certification process.
 - A written treatment plan must be provided, including:
 - -Type of glaucoma and support for the diagnosis
 - Copies of all relevant tests
 - -Proposed treatment
 - -Proposed follow-up
 - The patient must be referred to the ophthalmologist as soon as possible for confirmation of the diagnosis, and no later than 2 months following the patient's "certification start date."
- 3) Following confirmation of the diagnosis, the optometrist will follow the treatment plan, and make adjustments as necessary...such adjustments must be proposed in writing to the ophthalmologist.
 - A written report for each follow-up examination must be submitted to the ophthalmologist within one week of the exam date.
 - If the treatment plan or follow-up is not maintained as described above, the patient may be excluded from the certification process.

Best wishes, and feel free to call me anytime with questions.

Robert Wolff, MD



February 26, 2004

To The Members of the Legislative Committee on Health Care:

I am writing in reference to the proposed regulation regarding R214-03.

I have reviewed the proposed regulation. I fully support the wording, including the language in section 2, where the requirements for an optometric examination every four months have been changed to "as are deemed necessary."

As a Board Certified Ophthalmologist who has been involved in the co-management of glaucoma patients, I believe the proposed language is satisfactory, and that the co-management of these patients has been successful in my experience.

If you have any further questions regarding this or any other issues, please do not hesitate to call.

Sincerely,

Kent L. Wellish, M.D.

Director, Wellish Vision Institute





Paul W. Hiss, M.D. Helga F. Pîzio, M.D. Robert S. Wolff, M.D. Douglas K. Devries, O.D. Jeffrey K. Austin, O.D.

February 27, 2004

RE: Proposed changes to NAC 636, LCB file N. R214-03

Dear Members of the Legislative Committee on Healthcare.

I am a board certified and currently practicing ophthalmologist in the state of Nevada. I currently co-manage many glaucoma patients with various optometrists in the state. I am in support of the proposed changes to NAC 636 regarding the co-management and certification of optometrists to treat glaucoma. I feel that these changes are in complete harmony with the statute and, in fact, will most likely improve patient care during this co-management period.

NRS 636.2893 states that 15 persons must be "Treated by the optometrist, in consultation with that ophthalmologist, for at least twelve consecutive months." Current optometry board regulations require the optometrist to see the patient at least once every four months. By changing this regulation to allow the ophthalmologist and the optometrist together to decide how often the patient needs to been seen improves both patient care and the learning process of treating glaucoma. Some patients do not need to be seen as often as every four months and it would increase expense to the patient and waste medical resources to see them more frequently than necessary. Often times, patients have schedule conflicts and must reschedule or postpone their visits. This at times will make them fall out of the rigid four month window by only a few weeks and therefore would not "count" toward the 15 patients that need to be co-managed for glaucoma certification.

The new language allows the optometrist and the ophthalmologist to truly co-manage the patient and follow up at appropriate intervals. These changes will make the process of co-management better as optometrists and ophthalmologists work together for the benefit of the patient and the education of the optometrists.

Regards,

Helga F. Pizio, M.D.