RANZCO THE LEADERS IN EYE CARE

The Royal Australian and New Zealand College of Ophthalmologists

Principles for Collaborative Care of Glaucoma Patients

Approved by:	Board	**Next review:**	29 April 2018
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1. Goals of Collaborative Care

1.1 The aims of collaborative care of glaucoma patients should be:

- Patient-focused treatment;
- Evidence-based health care;
- Access to the most appropriate health-care provider in a timely fashion;
- Clearly defined roles for health-care providers and effective communication;
- To reduce unnecessary duplication of tests;
- To reduce unnecessary health-care provider visits;
- To avoid unnecessary treatment or overtreatment of patients;
- To ensure patients at risk of progression to visual loss from glaucoma are not undertreated and have access to the full range of treatment alternatives of which they should be made fully aware.[1]

2. General Principles

2.1 The ophthalmologist should remain responsible for all management decisions.

2.2 The optometrist should communicate relevant clinical investigations to the ophthalmologist in a regular and appropriate manner.

2.3 The optometrist should separately bill the patient for the services rendered.

3. Specific Principles

3.1 The diagnosis of glaucoma should be confirmed and the treatment initiated by an ophthalmologist.

3.2 The optometrist should provide a timely referral to an ophthalmologist but no more than four months after the patient's initial optometric consultation.

3.3 The ophthalmologist should be satisfied that adequate baseline and regular follow up investigations are performed to reproducible standards.

3.4 Collaborative glaucoma management should only occur with the full informed consent of the patient.

3.5 To ensure optimal medical care, medication should only be changed by the ophthalmologist.

3.6 If drug side effects are suspected the ophthalmologist should be consulted.

3.7 The ophthalmologist will determine the frequency of patient reviews and investigations. As a minimum, the optometrist must refer the patient to an ophthalmologist every 2 years for re-assessment. Frequency of referrals might need to be higher and should be determined by collaborative care arrangements with the ophthalmologist.

3.8 If the patient's glaucoma monitoring parameters deteriorate the patient should be referred back to the ophthalmologist.

4. References

1. White A, Goldberg I, and on behalf of the Australian and New Zealand Glaucoma Interest Group and the Royal Australian and New Zealand College of Ophthalmologists (2014), Guidelines for the collaborative care of glaucoma patients and suspects by ophthalmologists and optometrists in Australia. Clinical and Experimental Ophthalmology 2014 42(2): 107–117.

2. National Health and Medical Research Council. NHMRC Guidelines for the screening, diagnosis, prognosis, management and prevention of glaucoma 2010. Available from: http://www.nhmrc.gov.au/guidelines/publications/cp113-cp113b.

5. Record of Amendments

Page	Details of amendment	Date approved
All	March 2013 version reviewed: 1.1 added; previous clause 1.3 deleted; wording amended of current clauses 2.2 and 3.7; 3.2 added; language updated.	29/4/15