



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Principles of Collaborative Care for Glaucoma for Australia and New Zealand

Approved by: RANZCO Board

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1. Goals of Collaborative Care for Glaucoma¹

- 1.1 The aim of Collaborative Care for Glaucoma is to facilitate optimal management of patients with glaucoma, glaucoma suspects and those at high or very high risk of developing glaucoma. Collaborative Care for Glaucoma should:
- Be patient focused.
 - Implement evidence-based healthcare.
 - Provide the patient access to the most appropriate health-care provider in a timely fashion.
 - Clearly define the roles for health-care providers and facilitate effective communication.
 - Ensure tests and measures are appropriate and necessary.
 - Reduce unnecessary health-care provider visits.
 - Avoid under- or over-treatment of patients.
 - Ensure patients have access to the full range of treatment alternatives of which they should be made fully aware.

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 or glaucoma-suspect should be confirmed, and the management plan created by an ophthalmologist.
- 3.2 The optometrist should provide a timely referral to an ophthalmologist according to the RANZCO Glaucoma Referral Pathway, 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 care should only occur with the full informed consent of the patient.
- 3.5 Medication change decisions should be made by the ophthalmologist. If drug side effects are suspected the ophthalmologist should be consulted.
- 3.6 The ophthalmologist will determine the frequency of patient reviews and investigations. The optometrist must refer the patient back to the Collaborating Ophthalmologist at an agreed frequency according to the Guidelines for Collaborative Care for Glaucoma¹.
- 3.7 If the patient's glaucoma monitoring parameters change the patient should be referred back to the ophthalmologist.

4. References

- 1. Guidelines for the Collaborative Care of glaucoma patients and suspects by ophthalmologists and optometrists in Australia. Australian and New Zealand Glaucoma Society and the Royal Australian and New Zealand College of Ophthalmologists. May 2019 Revision
- 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 to this document

Page	Details of Amendment	Date amended
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