

Doing the Glaucoma thing
in practice

The year was 1982

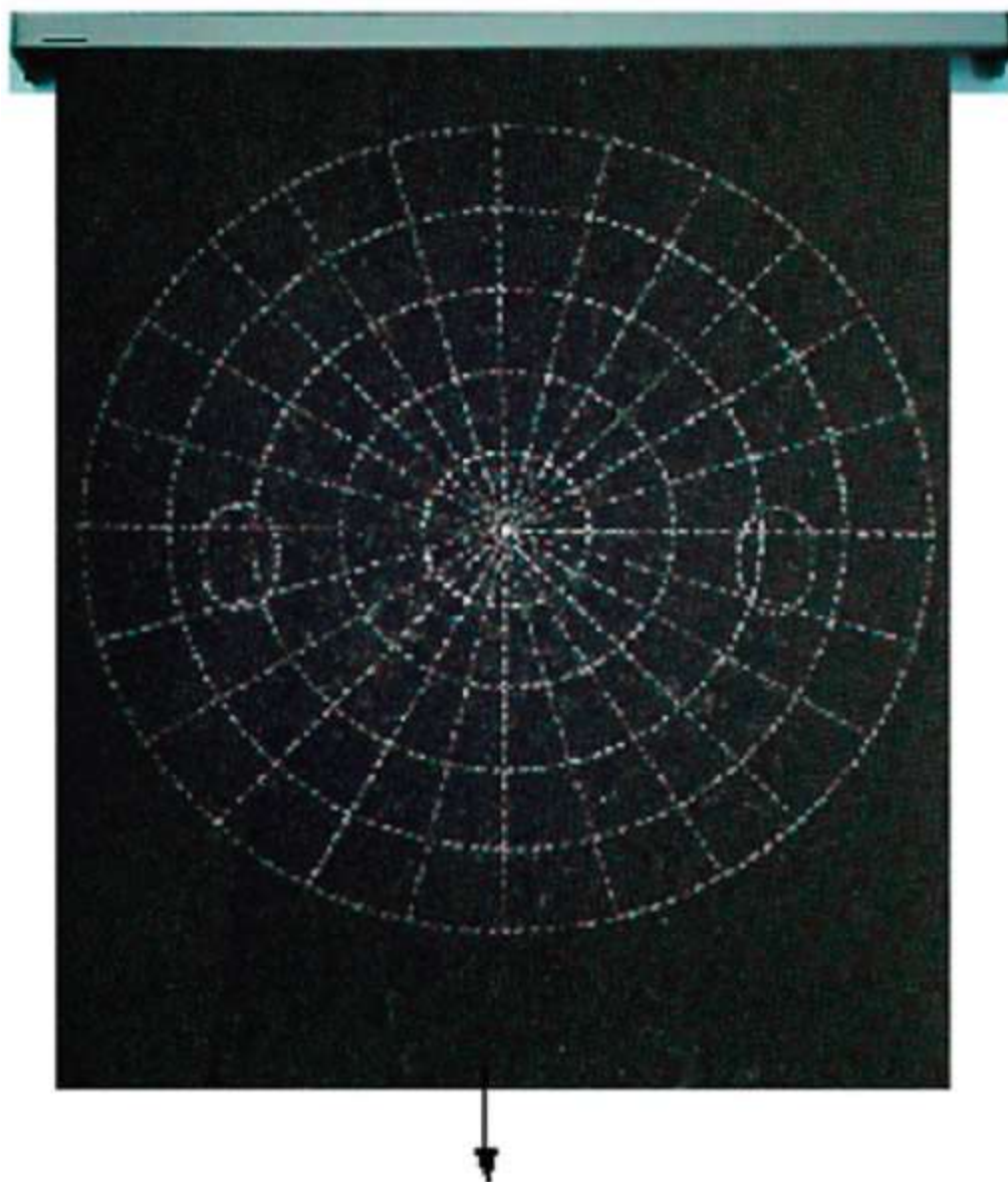
No topical anaesthetic so no Goldmann tonometry

No mydriatics, no BIO, no slit lamp fundus lenses.

No visual field analysers no fundus camera and certainly no digital scanning







The year was 2003

The Auckland Programme in Ocular Therapeutics (TAPIOT)

Twenty hours of placement in hospital or private Ophthalmology Clinics were very helpful for three reasons

Firstly most of the patients that we see in optometry care have mild ocular pathology. The time in the clinic gave the opportunity to see the wider range of disease presentations and severity and in much larger numbers that is otherwise possible

Secondly it was an opportunity to see first-hand the decision making processes involved in managing disease progression- something that I had previously seen only second-hand via specialist update letters.

Finally it was helpful to develop a working relationship with the ophthalmologists who I had been writing referrals to for years but seldom met in person.

Approval for glaucoma prescribing

Six half day clinic visits to reach twenty hours that equated to around 45 patient encounters.

At the end of that process in February I was still very aware of my need to build up experience and so volunteered pro bono time for further clinics at the hospital.

Evening glaucoma clinics at Southland Hospital

Patient notes arrive with updated Humphrey visual field, disc photographs and Canon OCT disc and macular scans

I read over these and their history before I invite them in. I then ask about how they are getting on with their drops, particularly how they use them, examine the disc and measure the pressures.

If they do not appear to be well controlled and I am satisfied that they are using their drops well, I have been making some changes to their medications –most often the addition of Timolol to their Hysite and I implement that by sending an update letter and prescription request to their GP

Peer review each six months

In August went through an audit process with my certifying ophthalmologist Dr Mark Rudel. We reviewed the notes of thirteen patients of the clinic where I had either changed the management or referred back for a second opinion.

He changed the follow up period on one case to a shorter interval- it happened to be the first file that we looked at.. but was happy with the management plan of the rest- something that I felt pretty good about.

Can you afford optometry based glaucoma care?

Table 7.7: Hierarchy of glaucoma examination required for reliable diagnosis, extracted from Tuulonen et al (2003) and modified by information from Burgoyne (2004)

Very good level*	IOP** and Gonioscopy and Visual Field *** and Optic disc images and RNFL images
Good	IOP** and Gonioscopy and Visual Field *** and Optic disc images or RNFL images
Satisfactory	IOP** and Gonioscopy and Visual Field *** and <i>Clinical optic disc examination</i>
Insufficient	IOP

* Examination with blue-on-yellow perimetry, the central 10 degree VF and quantitative optic nerve head analysis (e.g. Heidelberg Retinal Tomography) may provide useful additional information

** Diurnal IOP when needed. Regular calibration of the tonometer is required.

*** Preferably two automated VF examinations with a threshold program for determination of the baseline

Can you afford optometry based glaucoma care?

In our practice this equates to ~\$265 -> \$340 initial work up that includes a dilated fundus examination, pachymetry, tonometry, an OCT scan and automated visual fields perhaps twice.

Southern Cross policy holders- Optometry Care

“Health Essentials”	\$100 / annum	
“Super Care “	\$ 225 / annum	\$45 limit per visit
“Ultra Care	\$ 350 / annum	\$70 limit per visit

Southern Cross policy holders – Ophthalmology Care

“Super Care”	\$4500 / annum
“Ultra Care”	\$10,000 / annum

Board Approved Glaucoma Prescribers

North Island

Jason Dhana, Auckland
Richard Johnson, Auckland
Michelle Jefferies, Auckland
Reuben Gordon, Auckland
Hannah Kersten, Auckland
Celine Wong, Auckland
Robert Ng, Auckland
Wendy Hill, Auckland
Troy Cassidy, Waitakere
Anthony Cradwick, Auckland
Carleton Buckley, Pukekohe
Yi-Ju Wang, Auckland
Maria Pais, Auckland
Andrew Gerrie, Auckland
Yu-Li Chang, Auckland
Selina Lid Na Phuah, Auckland
Louise Natalie Wood, Auckland
Ilana Gutnik, Auckland
Ross Tayler, Masterton
Sanjay Jairam, Gisborne
Helen Haslett, Greytown
Erin Jourdain, Wellington

South Island

Martyn Crossley, Blenheim
Richard Lobb, Invercargill