C&P Optometry workgroup meeting minutes 8/24/2012

Led by Makesha Sink and Brian LeStrange

1. Comments: Optometry C & P Working Group Meeting/Minutes from July 18, 2012 – *One of the optometrists calling in indicated that some providers, like him, may not want to know the rating scale. This optometrist and all listening were reminded that these documents are available, but not required, to view.*

2. VA Office of Disability and Medical Assessment (DMA): "What's New"

   http://vaww.demo.va.gov/index.asp

   Brian mentioned this is a good site to review periodically to see what changes are occurring.

   If photographs are taken for exam to document pathology (i.e. pterygium), scarring, etc, these images cannot be uploaded by the reviewers from CPRS/Vista Imaging. Some providers e-mail the pictures to the regional office. If you take photos – contact your regional office to determine the best way to get this information to the reviewers. Be sure they are sent encrypted.

   The DBQ forms are evolving and we are looking into determining who the key players are in this revision process to see if we can suggest changes to the form to make it more user friendly.

   Question from the field about which template to use for each type of exam (C&P vs IDES). It is best to use the template requested on the 2507(in CAPRI – under exam requested – double click on the date and it tells you what the claim is, and the requested exams are listed at the bottom)

   Several comments were brought up about using your own created templates for C&P and IDES exams – It was mentioned that it is your choice what exam you use – but be sure if you create your own templates, that you include all the information on the standard requested exam in your template.

3. Optometry C & P "Survey" Questions: Results (see attached file)

   Brian thanked everyone for their replies on the survey and we got great information. The meetings/calls will either be on Wednesday or Friday afternoons and we will try to create a schedule so people can plan accordingly to try and participate.

   Per the survey – most people have a Goldmann visual field and use it for diplopia testing – others transfer data from other methods on a Goldmann chart.

   Per the survey – we spend on average 10% of our time a week on C&P exams. Exam times range from 30 minutes to 1.5 hours with an average of 1 hour/exam.

   One of the optometrists indicated she attended a VERA mtg and that starting next year C&P exams will be used for vesting purposes. Optometrists are not vesting providers and it was asked if this would have implications in ODs performing C&P exams. It was mentioned that usually

C&P requests include a general medical appointment that will likely be what is used for vesting and that there are very few times when only an eye exam in on the C&P docket of exams.

Another optometrist mentioned that his VA is pushing to get exam results the day of the exam and was wondering if this is nationwide trend or what the rule is for exam completion. The mandate is that you have 3 days to complete your documentation for a C&P exam. It was mentioned that often other subspecialties take a lot longer to complete their exams and that optometry usually completes their exams in a very timely fashion, so if eye exams are completed in 1 day it will help the average time for exams that take longer.

4. Visual Field Discussion

http://vaww1.va.gov/OPTOMETRY/docs/FL06-021.doc

http://vaww1.va.gov/optometry/docs/Vis_fld.xls

There have been inquiries about the limitations with the Humphrey kinetic field as a substitute for the Goldmann given that the Humphrey does not start the test at the full extent of the field that the Goldmann does and therefore there is a deficit from the start. We will look into addressing these concerns with central office.

One provider mentioned that the exams she does come back for clarification at times that the reviewers want feedback and fields for conditions that do not require a field. Addendums can be added to the original document stating that a field was not indicated for that condition. We have to keep in mind that the reviewers usually have no medical background and are just following a template for rating.

It was brought up that not every C&P exam requires a visual field and it is up to the discretion of the examiner whether to perform one. Clearly if a patient has a claim for a condition that has the potential for a visual field defect or one is picked up on confrontation fields then a field is warranted. We as C&P examiners have to take our treatment/management hats off and focus on being assessors. This is not to say that we are adversaries of the patient – if anything we are their biggest allies in the process but we have to keep in mind that we are assessing the patient for a particular condition, not a general eye exam. One experienced optometrist mentioned that he gives the patient a chance to state/write whatever they want about their eyes and puts it in quotes and then performs his exam as usual.

It was mentioned that most of the C&P exam patients are already in the VA system so if any other condition is discovered that they can be rescheduled in the regular clinics for a follow-up appt.

Another optometrist pointed out that it is frustrating that the claims are getting so general that we almost have to do a full exam to figure out what "eye condition" they have. The veteran service reps generate the claims and include everything and sometimes even the veteran does not know what they are there. This is occurring everywhere and it is best sometimes to ask the

patient up front why they are there. Several providers report that they put the claim in quotes at the top of the history section of the DBQ and then document the history per patient in quotes and any data/C-file reviewed written as reviewed data.

Such as : Veteran claiming: "eye condition". Veteran reports "I need glasses to see clearly and they have gotten stronger over the years since I was in the service."

5.   Eye DBQ Discussion

Requested changes are:

>   *the ability to scroll with the mouse rather than the toolbar.*

>   *Expand text boxes for recording data to be able to view it all at once*

>   *More diagnoses options to match requests for things like: dry eyes, glc suspect, etc*

>   *Some people like the template*

In closing – Brian and Makesha want to thank everyone who participated in the call and discussion and we look forward to our next meeting.