

Opinion

Forming Eye Care Teams: An Organizational First Step?

Last summer, a historic first meeting took place between the leaderships of the American Academy of Ophthalmology and the American Academy of Optometry. All observers agree on the “historic” part, regardless of the varied opinions of the meeting or what was discussed. Some among us feel that this is the quintessential “camel’s nose in the tent,” while others express guarded optimism that the two organizations can achieve together what they cannot on their own. In writing about my own personal opinions, I’m likely to stir some passions, but please understand I am not speaking on behalf of (either) AAO.

Also know that I am personally conflicted on the issue, since I vehemently oppose optometric scope of practice expansion and have earned my stripes in the legislatures and regulatory commissions testifying against it. On the other hand, most of my professional career has been spent working alongside optometrists in patient care and research. As I examine my own attitude toward optometry, it is clear that there is an internal dissociation. I would wager that you have similar divided feelings, and I’ll further wager that many optometrists feel ambivalent toward ophthalmologists as well.

Patient care teams are all the rage these days, in hospitals, in multispecialty clinics, in accountable care organizations. Participants include all the health care professionals—physicians,

nurses, pharmacists, aides—working in a coordinated way for the benefit of their patients. A funny thing I’ve noticed about these teams: The members tend not to shoot at one another while they are involved in team activity. So what about eye care? All the experts agree that the only solution to the expected glut of patients is to form efficient teams to deliver eye care, consisting of ophthalmologists, optometrists, technicians, front desk staff, and opticians. Such eye care teams already exist in most communities and, in fact, may represent the dominant form of current practice. And, as in other specialties, the eye care team members tend not to shoot at one another while they are at work.

My point is that it is OK for both professions to feel internally dissociated about each other, even while cooperating in patient care. In agreeing to work together in teams, neither these ophthalmologists nor optometrists need to have lessened one iota their dedication to their side of the scope of practice controversy. Surgery by Surgeons lives on. But when the team members cannot separate scope of practice battles from team-based care, what results is a dysfunctional team.

The American Academy of Ophthalmology’s choice of optometric organization to meet with was not accidental. The American Academy of Optometry is academically based and educationally grounded, and it does

not have a political advocacy arm. The initial discussions have been about science, quality of care, and education, all of which are primary goals of the American Academy of Ophthalmology. It is easier to dissociate the scope of practice discussions with this group than it would be with the American Optometric Association. But, as many of you are muttering—if not yelling—the devil is in the details.

I maintain that we must crawl first. Cooperation among the eye care organizations is a new thing. All initiatives have upsides and downsides. How you weight them kindles the discussion. And may we respect each other’s opinions as the discussion advances.



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