

## **Information Statement**

### **On-Call Compensation for Ophthalmologists**

#### **Introduction**

In some communities, it is difficult to obtain emergency care services in a timely manner. Increased patient populations, shortages of hospital resources, and a decreased number of emergency departments are placing a strain on emergency care services. At the same time, hospitals are reporting problems obtaining on-call coverage by specialist physicians.<sup>1,2</sup>

The public is served best when eye care and treatment delivered in emergency departments are administered by qualified, medically-trained professionals. Ophthalmologists are trained in basic ocular trauma care and can provide surgery and other trauma management services in emergency situations. Ophthalmologists are the most appropriate choice when emergency eye care is required when injuries cannot be adequately managed by a non-ophthalmologist emergency physician. Ophthalmologists can provide comprehensive care, e.g., ocular trauma management and emergency eye surgery, beyond that of non-medically trained providers.

The Academy recognizes the responsibility of community ophthalmologists and hospitals to develop a system that allows patients with emergency eye problems to receive timely and appropriate care. There may be different solutions in different communities. In some areas, hospitals are contracting with specialist physicians to provide that care. The Academy recognizes there are situations where it may be appropriate for ophthalmologists to receive compensation from hospitals in exchange for providing on-call emergency eye care services. Any compensation is in addition to payment from the patient or their insurance. The Office of the Inspector General (OIG) has recognized that under specific market conditions, hospitals can compensate physicians for on-call coverage.<sup>3</sup>

#### **Background**

As ophthalmologic surgical services have moved from hospital settings to outpatient surgical centers, fewer ophthalmologists are members of hospital staffs. Historically, staff privileges required members to participate in emergency call. Hospitals with few or no ophthalmologists on staff are now having a difficult time filling their on-call rosters for eye emergencies.

While ophthalmologists recognize their duty to serve the public, including the uninsured and underinsured, in some communities the present system is not working. Hospitals, ophthalmologists, and other stakeholders should recognize and discuss appropriate sharing of financial responsibilities when providing emergency services. The hospital inherently provides the equipment and facilities needed for delivering emergency eye care.<sup>4</sup>

## Evaluation

Outcomes, such as robust on-call rosters and better access to care, can be the potential result in communities where ophthalmologists and hospitals discuss sharing financial responsibilities in creating an on-call roster for emergency eye care. The Academy joins other national medical specialty societies (i.e., American Academy of Neurology,<sup>5</sup> the Orthopaedic Trauma Association,<sup>6</sup> and American Academy of Orthopaedic Surgeons<sup>7</sup>) in supporting on-call compensation for its members. Ophthalmologists should work directly with the hospital(s) in their area in regard to providing appropriate and timely emergency eye care.

The legal considerations surrounding on-call coverage compensation arrangements are complex, and such arrangements can present compliance concerns with the Emergency Medical Treatment and Active Labor Act (EMTALA). Thus structuring such relationships should be done carefully and with the guidance of legal advisors experienced in these matters.<sup>8</sup>

## References

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## **Approvals**

Developed by: American Academy of Ophthalmic Executives,  
Ophthalmic Practice Secretariat, September 2009

Approved by: American Academy of Ophthalmology,  
Board of Trustees, October 2009

American Academy of Ophthalmology,  
Board of Trustees, February 2014

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