Referral agreement of optometry service in general outpatient clinic

Sum RWM¹, Tam DYS², Ngai CKH², Sze CPK², Chou SCW, Tse ETY², Wang JHL², Kwong ASK², Ko WWK², Tsui WWS², Yap MKH¹, Sze BMF³, Wong DSH³

¹ School of Optometry, The Hong Kong Polytechnic University
² Department of Family Medicine and Primary Care, Hong Kong West Cluster, Hospital Authority
³ Eye Institute, The University of Hong Kong

Introduction
With the aims to enhance primary eye care, a collaborative optometrist-primary care doctor assessment service was set up in Sai Ying Pun and Aberdeen Jockey Club General Outpatient Clinics, Hong Kong West Cluster in September 2010. Aside from those requiring urgent ophthalmologist interventions, any patients presenting with eye symptoms could be referred for optometrist assessment. Preliminary data from our team suggested that number of eye specialist referral was reduced after implementation of the optometry service.

Objectives
1) Review the referral agreement of the optometry service
2) Analyze the cases with disagreement in order to ensure patient safety and to improve future service

Methodology
From September 2010 to August 2011, the records of all patients who were suggested by the optometrist for specialist referral were analyzed. Diagnoses made by the optometrist were compared with those made by the ophthalmologists at the specialty clinic. The agreement of the diagnosis was categorized as “Agree” when both the primary and the secondary diagnoses matched, “Partially agree” when either diagnoses matched, and ‘disagree’ when diagnoses not matched.

Results
During the study period, 605 patients were assessed by the optometry service. Of these patients, 73 (12%) were suggested for specialist evaluation. Eight patients did not receive ophthalmologist assessment because of defaulted appointments, no appointment was made or death. 80% (N=52/65) of the cases concurred with ophthalmologist diagnosis, including cases of significant cataract, glaucoma and macular degeneration. 14% of cases had partially agreement (N=9/65). Example included necessary pterygium removal. Only four cases had disagreement (6%). They included two cases of unnecessary cataract surgery referrals,
one case of chronic angle closure glaucoma and a false positive diagnosis of retinal vascular occlusion.

**Conclusions**

The considerable agreement of diagnoses among the referred cases was comparable to overseas findings. The result supported the gate-keeping role of optometrist in primary eye care. With good collaboration with optometrist, family physicians could enhance eye care at primary level.

**Reference**