Clinical Practice Guide

Referrals

February 2017
CLINICAL PRACTICE GUIDE

Referrals

Note: This clinical practice guide provides advice on referrals in optometric practice. It is not intended to be prescriptive and optometrists are required to exercise their clinical judgement. The guide should not be used as a substitute for statutory responsibilities and optometrists must ensure that they comply with State and Federal Law. These guidelines do not constitute legal advice. Optometrists must ensure they comply with all State and Federal legislation, and meet their responsibilities under common law.

Guide summary

• Providing quality eye care includes referring patients to another health practitioner when this is in the best interest of the patient.
• Patients should be informed and empowered throughout the referral process.
• Patient referral should be to the practitioner most suited to provide the further advice and management required.
• A referral letter should communicate sufficient information about the patient to assist the referred practitioner to provide appropriate care.
• Where more than one health professional is involved in patient care, it is expected that as far as possible, relevant health practitioners should be informed of any referral to another practitioner, whether this be an optometrist, general practitioner or specialist.
• All referrals letters and reports received from the practitioner to whom the patient is referred should be kept with the patient record or suitably cross-referenced.
• An optometrist has a duty of care to provide follow up of referred patients where clinically indicated and should seek to determine whether patients made and attended a referral consultation.
• Optometrist to optometrist referrals under item 10905 must always be at arms’ length, and without any conflict of interest.

Referral

Referral involves sending a patient to obtain an opinion or treatment from another practitioner, and usually involves the transfer in part of responsibility for the person’s care for a defined time and a particular purpose.

A referral will typically be made when a patient requires care beyond a practitioner’s experience, clinical competence or knowledge, or legal scope of practice. The professional responsibility of an optometrist includes understanding and accepting the limits of their professional knowledge, skill or clinical competence, and in the legal scope of practice, which should trigger referral to an appropriate practitioner.

Referrals are generally made when an optometrist is unable to provide the health services required for the patient’s best care patient or unable to manage a patient’s condition.
Patient needs should remain paramount when considering referral. The patient should have as much information as is necessary and reasonable regarding the referral process communicated to them, including what the optometrist anticipates will be achieved by the referral. All referrals should be made in a timeframe appropriate to the condition of the patient. Referrals should be made to the most appropriate practitioner available, with due consideration to clinical urgency.

**Selection of practitioner for referral**

Patients should be referred to practitioners who are most suited to provide the care they require. An optometrist needs to take reasonable steps to ensure that the person to whom a patient is referred has the relevant qualifications, experience and skill to provide the care required by the patient. Consideration should also be given to access issues related to cost, location, and cultural concerns. Patients should be fully informed of the reason for the referral and its urgency and should consent to the choice of practitioner.

**Specialist rebates**

In the course of their practice, optometrists will most frequently refer patients to professional colleagues, specialist ophthalmologists or general practitioners (GPs). While optometrists may write referrals for patients to other medical practitioners as appropriate, if a patient is referred by an optometrist to a health practitioner *other than another optometrist, a GP or ophthalmologist*, that health service will not be covered by Medicare, and so will likely attract a private fee.

It may be in the best interests of patients who need specialist attention from medical practitioners other than ophthalmologists to be referred by the optometrist to a GP. The GP will be able to write a referral so that the specialist service attracts a Medicare rebate. This option should be discussed with the patient.

**Refusals of referral**

Patients have the right to refuse referral. An optometrist should do their best to ensure that the patient is aware of the risks of refusing referral or deciding not to follow a recommendation for referral. If a patient makes it clear to the optometrist that they do not wish to be referred, or that they do not intend to act on this referral, the advice given by the optometrist and the patient’s decision should be recorded on the patient’s record.

**Privacy**

Under the [Australian Privacy Principles](https://www.aph.gov.au/Parliament/Joints/Committee/APPR/2020/report) (APPs), at or before the time that an optometrist collects personal information about a patient, the optometrist must take reasonable steps to ensure that the patient is aware of the purposes for which the information is collected and the organisations to which the optometrist usually discloses information of that kind.

The APPs require that patient information is used for the benefit of that patient to support provision of quality care. This includes providing appropriate information about the patient to another practitioner when a patient is referred. Patients must be informed that the information is being provided to another practitioner for this purpose.

An organisation must take reasonable steps to protect the personal information it holds from misuse and loss and from unauthorised access, modification or disclosure.
**Content of referral letters**

Referral letters must be legible, and preferably, typed. Electronic referrals are encouraged where the referring optometrist and the practitioner receiving the referral have a clear system in place to ensure communication is received and data is secure.

To attract Medicare benefits the referral must also be signed and dated. A referral letter should communicate sufficient information about the patient to enable the continuing care of the patient. Referral letters must include:

- the name, contact details and provider number of the referring optometrist;
- the name of the practitioner to whom the patient is being referred;
- identification of the patient being referred;
- the purpose of the referral;
- date of last optometric examination; and,
- the results or findings of relevant clinical examinations.

The following may also be included:

- the expectation in making the referral (i.e. whether patient will be referred back for ongoing and/or collaborative care);
- an accurate and complete patient medication list where known;
- relevant patient history and information;
- current patient management;
- time and date of the appointment if known; and/or
- the period for which the referral is considered valid.

**Storing copies of referrals**

A copy of the referral letter should be kept with the patient record or suitably cross-referenced.

**Emergency referrals**

When urgent or emergency treatment is required, a telephone referral may be made. The telephone referral should be documented in the patient’s record, and cross-referenced with any report received from the referred practitioner. A telephone referral should be followed up by a written referral.

**Conflict of interest in referral**

There should be no financial benefit to the referring optometrist from the receiving practitioner for the provision of a referral. This is distinct from remuneration from an ophthalmologist to an optometrist to support provision of care as part of a shared care arrangement which is not considered to be a benefit of referral.

If the optometrist is referring the patient to a clinic in which they have a financial interest, patients must first be informed of this involvement.
Referral and scope of competency

An optometrist should only make a referral to a specialist or to another optometrist if the care, treatment or management required by the patient is outside the competency and the scope of the individual practitioner’s capacity.

Responsibility for follow-up

An optometrist has a duty of care to provide appropriate follow up of referred patients where clinically indicated. The optometrist should seek to determine whether the patient made and attended a referral consultation.

Every practice should have a system for following and recalling patients who have been referred for a specialist consultation such as:

- appointment books;
- tracking registers; and
- computerised recall system.

Optometry Australia strongly recommends that when an optometrist becomes aware that a patient has not made or attended an appointment following referral, the optometrist should attempt to contact the patient to discuss their decision. This discussion should be recorded on the patient’s records. Optometrists should also record on the patient’s record that a patient has not attended their referred appointment. Practitioners should also document all attempts to contact patients about tests results or non-attendance for an important appointment or specialist referral.

Medicare and referrals

A referral letter must have been issued by the optometrist for all such services provided by ophthalmologists or optometrists in order for patients to be eligible for Medicare benefits at the referred rate. This letter must be signed and dated.

A referral by an optometrist to a specialist other than a specialist ophthalmologist will not provide the patient with a Medicare rebate. Optometrists can refer a patient to any medical specialist as necessary, however resulting specialist attendances will attract Medicare benefits at un-referred rates. Patients should be advised of this, and given the option of seeking a referral from their GP.

For a valid referral to have taken place for Medicare purposes, the referring optometrist must have considered the patient’s need for referral and communicated relevant patient information to the ophthalmologist or optometrist to whom the patient is referred. A valid referral does not require the patient to attend on the day on which the referral is written and dated and/or sent to the receiving practitioner. The referral should take the form of a letter or note and must be signed and dated by the referring optometrist, and the practitioner to whom the patient is referred must have received the referral at, or prior to, the professional service to which the referral relates.

Where a referral letter to an ophthalmologist has been lost, stolen or destroyed or where an emergency consultation by an ophthalmologist is required, the ophthalmologist may annotate the patient bill accordingly to enable them to access a Medicare rebate. In these cases, subsequent attendances require a new referral to attract Medicare benefits at the referred rate.
Period for which referral is valid

The referring optometrist may specify the period of validity of the referral (for the purpose of Medicare rebates) e.g. 3, 6, 18 months or indefinitely depending on the needs of the patient. If no period is specified, under Medicare, the referral is valid for 12 months from the date of the specialist ophthalmologist's first service.

Referrals for longer than 12 months should be made only when the patient’s clinical condition requires continuing care and management.

An optometrist may write a new referral when a patient presents with a condition unrelated to that for which the previous ophthalmologist referral was written. In these circumstances Medicare benefits for the consultation with the ophthalmologist would be payable at initial consultation rates.

Optometrist-to-optometrist referral: Item 10905

General conditions relating to referrals apply to optometrist-to-optometrist referral covered by Item 10905. The referral letter must be received by the second optometrist prior to the patient's visit and they must keep the referral for a period of at least 24 months. No commercial arrangements or connections should exist between the optometrists for this item to be claimed.

Telehealth referrals for ophthalmology

Practitioners who are referring a patient for a consultation to be conducted by telehealth with the optometrist providing patient-end support are encouraged to send the referral to the ophthalmologist beforehand, agree on the time and date with confirmation by email, and ensure that the ophthalmologist has all the information required to link in to the video conference.

It is helpful to ensure that if there are any investigations, tests or procedures required, they have been completed in advance and results provided to the ophthalmologist prior to the consultation with the patient’s permission.

Self-referral

Optometrists may refer themselves to ophthalmologists or other optometrists as clinically appropriate. In such instances and if other Medicare criteria are met, Medicare benefits are payable at referred rates.

References


Optometry Board of Australia, Code of Conduct for Optometrists

Sterling J. Code of ethics: To advise the patient whenever consultation with an optometric colleague or reference for other professional care seems advisable. J Amer Optom Assoc 1994; 64: 400.


Office of the Australian Information Commissioner, Australian Privacy Principles.