Preferred practice patterns aim towards optimising patient care

Cheryl Guttmann

STUDIES of ophthalmologists’ adherence to the American Academy of Ophthalmology’s Preferred Practice Patterns (AAO PPP) for primary open angle glaucoma show that patients are receiving care consistent with recommendations in many areas, but there are opportunities for improvement in performance of other key processes, said Paul Lee MD, JD.

Speaking at the glaucoma subspecialty day meeting of the 2006 annual meeting of the American Academy of Ophthalmology, Dr Lee reviewed the findings from various studies his group and others have conducted that examined adherence to the glaucoma PPP by community practitioners and glaucoma specialists in the initial and follow-up care of glaucoma patients.

“A study published in the New England Journal of Medicine that evaluated healthcare delivered for 30 acute and chronic conditions across all fields of medicine showed that patients on average were receiving just over half of recommended processes of care. Ophthalmologists tend to do better compared with many other specialties, and in that study, patients with senile cataracts received the best quality of care. However, evaluation and management is more straightforward for senile cataract relative to glaucoma,” said Dr Lee, James Pitzer Gills, III, MD, and Joy Gills, Professor of Ophthalmology, Duke University, Durham, N.C.

He pointed out that while PPPs are evidence-based, they represent guides to care for a “pattern of practice” and they are not meant to dictate care for any particular patient or every patient.

Treatment for each patient needs to be individualised, taking into account a host of factors so that the care delivered is appropriate for that person’s specific situation. The purpose of the PPP is to establish standardised processes of care that will facilitate the capture of information important for developing an appropriate plan of care.

“Understanding how often these processes are being performed gives us an indicator of whether patients, in general, are receiving proper care. With that information in hand, the next steps are to understand the reasons for provider adherence and non-adherence, the effects on patient outcomes, and whether outcome differences can be explained by particular elements of administered care or more generally reflect a basic philosophy of care,” said Dr Lee.

“Ultimately, the entire goal of this research is to enhance patient care by developing better management guidelines and methods to assist performances for caring for patients,” he said.

Highlighting some of the findings of studies examining ophthalmologists’ adherence to the PDAG PPP, Dr Lee mentioned that in a chart review of patients with a prior diagnosis of glaucoma being seen in a community setting, visual acuity exams, IOP measurement, optic disc/nerve fibre layer assessment, and fundus evaluation were being performed fairly frequently during the initial two visits (88 per cent to 99 per cent). However, the rate of visual field testing was only 66 per cent and less than half of the charts showed gonioscopy was performed.

A survey of American Glaucoma Society members that presented a short case history for a typical glaucoma patient and asked participants in an open-end question format to describe their evaluation found a relatively high degree of variance in obtaining various recommended history elements during an initial exam. Notably, certain patient-centred indicators, such as quality of vision and activities of daily living, were reported as being assessed only rarely.

The study of community practitioners also revealed some concerning shortfalls in how often an optic nerve exam and visual field testing were being performed during follow-up.

Gaps in follow-up care

“We are fortunate to be able to directly visualise the structures affected by glaucoma and to have functional tests that provide us with some standardisation of the assessment of function. And, we know it is important to evaluate the optic nerve head, document its appearance, and obtain a visual field on a regular basis to determine if the disease is progressing and if treatment needs to be intensified. These assessments appear to be done relatively well in new patient evaluations, but at least in the community setting, there seems to be a gap in follow-up care,” Dr Lee said.

Considering charts from visits occurring during the two years prior to the most recent exam, only about 40 per cent showed evidence of optic nerve head examination, and less than one-third of charts with evidence of such examination contained documentation of the optic nerve head features with a drawing or photograph.

A study of glaucoma specialty practices around the US found 83 per cent of the specialists conducted an optic nerve head assessment within two years of the most recent exam, but only one third to one quarter obtained annual optic nerve head photographs.

“This finding is significant considering that performance of an optic nerve head assessment at least once a year will likely be one of the pay for performance measures for glaucoma issued by the Centers for Medicare and Medicaid Services in 2007,” Dr Lee said.

In community studies, visual field testing was being performed more frequently than recommended in some situations, but on average over the two years since the initial exam, visual fields were obtained less than half the time.

In a Medicare claims review study by Coleman and colleagues, 30 per cent of patients undergoing surgery for glaucoma did not have a visual field obtained in the 360 days prior to their procedure.

Results from studies of patients seen in the community setting with mild to moderate visual field loss as well as for glaucoma patients and suspects seen in managed care indicate about 75 per cent of those patients are seen back within six months. However, longitudinal studies of Medicare patients followed for five to seven years indicate that only half were consistently seen at least once every 15 months.

The PPP adherence research also indicates that achieved IOP levels are often higher than those that might be recommended by the AAO PPP.

“The available data suggest there may be room for improvement in being more aggressive about IOP-lowering, and particularly in patients with more advanced glaucoma,” Dr Lee said.

lee00106@nc.duke.edu