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Dramatic expansion in optometry laser capsulotomy and selective laser trabeculoplasty following scope of practice legislation

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Footnotes

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Abstract

Purpose : In the past decade, several states have expanded scope of practice to allow optometrists to perform laser procedures. Here we characterize changes in optometry scope of practice for laser procedures.

Methods : Provider data from 2013-2021 for laser capsulotomies and selective laser trabeculoplasties (SLTs) was extracted from the Centers for Medicare and Medicaid Services and adjusted for annual beneficiary enrollment. Co-managed optometry cases where the optometrist was not primary surgeon were excluded. Provider location data was utilized to determine if optometrists practiced at the same location as another ophthalmologist.

Results : 89% of all SLTs and over 90% of the capsulotomies performed by optometrists occurred in three states: Oklahoma, Kentucky, and Louisiana. For these states, immediately following legislation implementation, rapid growth rates of SLTs and capsulotomies were noted in the following fiscal year at 44% and 45%, respectively. Notably, in 2018-2019, prior to the onset of the pandemic and 6 years after bill passage, optometrist laser growth rate continued at an average of 10% for SLTs and 11% for capsulotomies. Nationally, 48% of optometrists performed capsulotomies independent of any ophthalmologist. Calculated annual growth rate (CAGR) from 2013-2019 for ophthalmologists for capsulotomy was not significantly different in states with (Mean = -1.2%, SE = 0.35) and without (Mean = -1.5%, SE = 1.9) legislation expansion (p = 0.2). CAGR for optometrists was 35% in KY and 8% in OK. Ophthalmologist capsulotomies were significantly more likely to be performed in metropolitan areas than optometrists, however no difference was found for rural or urban areas. No significant difference was found between optometry or ophthalmologist volume declines during COVID.

Conclusions : Policy changes in laser procedures are quickly followed by optometric expansion often independent of ophthalmologist supervision.

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