

Interprofessional Relations

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A little sincerity is a dangerous thing, and a great deal of it is absolutely fatal.

Oscar Wilde, *The Critic as Artist*

Interprofessional relations are a necessity for all health professions in their commitment to the well-being of patients. As a primary eye care profession, optometry has increasingly enjoyed the benefits of receiving referrals and consultations from other health care professionals, while steadily providing referrals and consultations to them. This interprofessional activity is vital to the development and maintenance of a healthy practice and to the establishment of a good working relationship with many kinds of health care providers. The value of interprofessional relations is obvious at the individual practitioner level. Referrals and consultations from one type of health practitioner to another are a daily occurrence in communities everywhere.

Practitioners should attempt to identify all optometric and nonoptometric referral sources in the community. Interprofessional referral and consultation relationships also should be explored because they will result in more effective patient care and management. Patients are likely to receive more efficient diagnosis, treatment, and management of health-related conditions. Such collaborative efforts will benefit the health care consumer, as well as the health care professional. Characteristics of resourceful referral and consultation partnerships include developing professional relationships, marketing to target professionals, and professional communication and reporting. These characteristics are the subject of this chapter.

DEVELOPING PROFESSIONAL REFERRALS AND CONSULTATIONS

It is a healthy practice that has the confidence of other professionals who refer patients or seek consultations. These professionals can be other optometrists, other eye care professionals, practitioners in other fields of health care, and professionals whose work is not in health care. To develop such a referral and consultation base requires a willingness on the part of these professionals to entrust their patients to the optometrist.

It is important to understand the difference between a referral and a consultation. This distinction is medical-legal in nature and important for purposes of liability. In a *referral*, the eye care professional is required to use “due care” in the selection of a practitioner to whom the patient is being referred. Due care means that the practitioner chosen is competent to perform the services

deemed necessary. In this instance, the eye care professional will not be liable for the actions of the practitioner to whom the patient was referred, provided the referring eye care professional has no responsibility for the care of the patient while the patient is under the care (treatment/management) of the other practitioner. On the other hand, a *consultation* is considered to be a joint undertaking between two or more professionals. In a consultation, the patient receives a diagnosis or treatment by one provider that is offered in conjunction with the care being rendered by another provider. In this instance, if there is negligence by either party, then both parties could be held responsible or liable for any harm the patient may have experienced while under the care of the consulting practitioner.

Practitioners should also become familiar with federal self-referral laws and regulations that prohibit certain referral activities, as well as establish what is commonly referred to as “safe harbors.” The basic provisions, known as *Stark II*, were amended in the Omnibus Budget Reconciliation Act of 1993 to include physician services.

WHY SHOULD A PRACTITIONER REFER OR CONSULT?

In general, referrals are made from one health care professional to another if the service needed is beyond the scope of licensure or training of the practitioner seeking the interprofessional relationship. Legally and ethically, referral is required when specialized testing or treatment is needed that cannot be provided by the referring practitioner. In comparison, a consultation is voluntary and is sought to use the expertise of more than one health care professional in the management or treatment of a patient’s condition.

Certain procedures can be so time consuming that it is not cost-effective for a practitioner to perform them, necessitating that the patient be sent to a colleague or specialty clinic, even though the referring practitioner is legally allowed to provide the procedure.

If a practitioner does not possess the specialized equipment or instrumentation needed to make a diagnosis or provide treatment, the practitioner must refer the patient so that the appropriate care can be rendered.

A practitioner's interprofessional relations should exemplify confident and competent interactions. It is essential that the communication between practitioners regarding the patient include the reason for the consultation or referral, what is known about the patient's history and condition, the status of the condition at the time of referral, and what is being requested in the way of additional evaluation services or procedures.

WHY DON'T PRACTITIONERS REFER?

Practitioners may choose not to refer for several reasons. Many times a practitioner enjoys performing a particular procedure to gain further experience or wants to do the procedure because of the challenge the procedure presents. In a beginning practice that is not yet established, a new practitioner might be motivated to perform a wide range of procedures for economic reasons. Sometimes there is fear that failure to perform certain procedures can result in loss of professional prestige and recognition. Actually, when a patient is referred to a highly qualified individual, the benefit is usually significant and results in an even higher professional regard for the referring practitioner. The proper care of the patient should always be paramount in any decision on whether to choose to refer.

There is always the concern that not only the patient but also the patient's family might never return after a referral. In fact, more often than not after a successful referral, the entire family becomes loyal to the referring practitioner. Conscientious practitioners who seek to provide the highest level of care will always gain the respect of patients and their families. It is important to remember the referring practitioner expects excellent professional care, timely communication, and eventual return of the patient.

HOW TO ENCOURAGE REFERRAL SOURCES

Optometrists should consider several factors when attempting to develop referral sources. First, skill must be attained in a specific area of practice. A high level of skill is often achieved by limiting practice to a specific specialty such as contact lenses, low vision, or binocular vision. In such a practice, the optometrist can expect more referrals from primary eye care practitioners. If it is not practical because of economic considerations to limit the practice to a specialty area, then patients referred for consultation should be returned to the referring practitioner. Under no circumstances should the consultant provide primary eye care for these patients. A report should be sent to the referring practitioner after testing or treatment has been completed. This report should describe how the patient's problem has been determined and the results of the treatment or disposition of care in clear, concise terms.

A new practitioner should be willing to accept difficult cases—difficult cases that are extremely time consuming often will be the first that another practitioner refers. These cases may not have a cost-effective result, but success with difficult cases ultimately will provide referrals of patients whose treatment will be more cost-effective.

Establishing interprofessional relationships for referral and consultation requires maintaining a confident attitude and expecting positive results. If specializing, the practitioner should have state-of-the-art, highly specialized instrumentation. If such instrumentation is not available to the average practitioner, it provides a rational reason to refer to the "specialist." The specialist must be available for telephone consultation with referring doctors at any time. Sometimes the specialist can be required to offer advice regarding patients not yet referred. To succeed with difficult cases, the optometrist must expect to spend as much time as required to fully satisfy the objective of the referral.

Finally, it is essential to send patients back to the referring practitioner. If patients are not returned, further referrals are unlikely.

MARKETING TO TARGETED PROFESSIONALS

The many types of health care professionals located in the general area should be identified. Many such professionals are listed in Box 32-1.

BOX 32-1

Health Care Professionals

1. *Family practice/general practitioners* are truly primary care providers.
2. *Pediatricians* also may be primary care providers.
3. *Dermatologists*, although secondary providers, often see patients who present for primary care and who may require the services of an optometrist when the dermatologist has completed treatment.
4. *Allergists* can be an excellent source of referral because many allergies are eye-related and may create vision problems.
5. *Internists* are similar to family practitioners because many symptoms of problems in internal medicine, such as headaches, are eye- and vision-related.
6. *Cardiopulmonary specialists* see optometric patients who will need co-management if they are taking certain medications.
7. *Plastic surgeons* frequently require the services of an optometrist for their patients after eye surgery and specifically, after blepharoplasty. Many contact lens problems need treatment after surgery.
8. *Podiatrists* see and treat many elderly patients who also require continuing eye care.
9. Chiropractors see patients who complain of headaches that might necessitate ophthalmic management.
10. *Industrial physicians* frequently see patients with injuries, such as foreign body injuries, that benefit from optometric care.
11. *Nurses* are extremely good referral sources because patients who complain of eye strain, headache, and red eyes often seek their advice first. They are respected and trusted by other health care professionals. They are influenced and motivated by quality care. The positions that nurses might fill include the following:
 - Corporate staff nurses
 - Clinic nurses
 - Hospital nurses
 - School nurses
 - Visiting and licensed vocational nurses

Meeting with Local Health Care Professionals

A detailed list of all health care professionals in the area should be developed. A new practitioner should personally visit each of these health care professionals. Optometrists need to meet face-to-face with other professionals, if at all possible, in the optometrist's office so that the professionals can see the optometrist's practice. A tour of the office and face-to-face discussions are most important and must be conducted with the individuals who actually make the referrals. It is critical to demonstrate that the optometrist possesses the proper basic and clinical science training and equipment and is readily available to participate in care. During the visit, the practitioner should ask whether the professional may be used as a referral source for specific problems. It is important to exchange ideas about prescribing and treatment philosophies and to discuss how patients are to be managed. Practitioners should talk specifically about the information to be provided and management protocols. Discussions should include the types of patients to be referred, particularly if specialty services are provided. A week or two later the practitioner should mail a copy of an office brochure with a brief cover letter to the professional.

From time to time, articles relating vision to systemic disease can be found in professional journals, medical- pharmaceutical updates, and timely news items. A copy of such an article can be sent to the appropriate professional; a brief note should be included indicating that the professional might find the article of interest.

Working with Ophthalmologists

A mutual referral relationship with a local ophthalmologist must include a one-on-one discussion of vision care philosophies, including protocols to be used for the co-management of specific vision and eye health conditions. To initiate referral relationships, the practitioner should research the general care ophthalmologists within a wide radius of the practice. Most important are those physicians who do not offer services similar to those of the practitioner.

Each practitioner must fully understand and respect the other to establish a successful relationship. For a beginning optometrist, it is helpful to discuss specific referral procedures such as when to refer, how to make an appointment, what to provide in a referral letter, and when the ophthalmologist will provide written follow-up after the consultation. When comanagement is necessary, protocols for care should be established and reduced to writing.

For an optometrist to establish a long-term relationship with an ophthalmologist, each practitioner must understand and agree on the other's philosophy of care. For the patient's benefit, there should be no duplication of testing except when absolutely necessary. Information should be freely shared and care coordinated to eliminate duplicative or unnecessary follow-up.

A similar rapport must be established with ophthalmologists who have specialty training. They will often be used for consultative and referral services in the areas of retina, glaucoma, and anterior segment, as well as cataract and

refractive surgery. Interreferral relationships with neuroophthalmologists, oculoplastic specialists, and other ophthalmologists will be less frequent, but the same frank discussions and established protocols are needed to ensure strong professional relationships.

Because of the recent expansion of state optometric practice statutes, many optometrists are now providing diagnostic and treatment services for glaucoma patients. Instances may occur when it will become necessary for the optometrist to refer or consult with an ophthalmologist. Correspondence to the ophthalmologist should not only include the patient's history and pertinent ocular findings but also any specialized testing results. Often, after the initial consultative service, a comanagement arrangement is formed between the optometrist and the ophthalmologist.

Working with Co-Management Centers

Eye care referral and surgical centers have been established nationwide. These centers capitalize on the value of interreferral relationships. For years, referral was primarily from optometrists to ophthalmologists. Referral and surgical centers have been able to bring ophthalmologists and optometrists together in an association that produces the most efficient health care delivery system for eye care. Each professional practices at the highest level of competency. The initial evaluation and followup are provided by the optometrist, and surgery is performed by the ophthalmologist. Patients referred for care often receive medical and surgical treatment that is beyond the scope of practice for the referring optometrist.

Cataract Surgery Co-Management

Many optometric practitioners provide both the preoperative and postoperative care for their patients who require cataract surgery. Since the great majority of the patients requiring surgery are covered by either a governmental payer or other medical insurance plan, strict guidelines for co-managed care have been developed. The process begins when the practitioner requests consultative services from the ophthalmic surgeon. After surgery, the surgeon will transfer the care of the patient, often the day after surgery, back to the referring optometrist (Figure 32-1). The correspondence from the surgeon contains the surgical report, as well as specific care protocols that are recommended during the postoperative period. There should also be a statement containing the number of days that each of the practitioners are "responsible" for the postoperative care. The optometrist should communicate the postoperative progress of the patient to the ophthalmic surgeon at the completion of each postoperative encounter. This is the foundation of a co-management relationship.

Since the Medicare program reimburses the surgical procedure as a global fee that is split between the providers, both the optometrist and the ophthalmic surgeon must be diligent in assuring that no anti-kickback statutes are violated. The potential for violations can be greatly reduced if a patient choice program is in place before the initial consultation.

Date: _____
 Dr. _____, OD
 1234 Any Street
 Anywhere, State 777777
 Patient Name: _____
 Phone No.: _____
 Dear _____:

I am releasing the above-mentioned patient for postoperative co-management as of _____. The patient wants to see you since it is more convenient to come to your office. Enclosed you will find the information necessary to bill Medicare for your portion of the postoperative care. Please contact this patient as soon as possible to schedule an appointment and begin your portion of the co-management care.

Please keep us informed of the patient's progress, and if I can help you in any way, do not hesitate to call.

Sincerely,
 Dr. _____, M.D.
 Enclosure(s)

FIGURE 32-1 Sample transfer of care letter.

The patient choice program dictates that there can be no “blanket” referral arrangements between the ophthalmic surgeon and the optometrist. If this were to occur, it would be perceived that the patient is being referred to the specific ophthalmic surgeon based on an economic arrangement and not the individual consideration of the patient's surgical outcome. Also, if co-management is arranged, it must be because the patient desires it. Often, the patient feels more comfortable receiving care from the optometrist with whom he or she has enjoyed a long relationship. When the ophthalmic surgeon is located a long distance from the patient, it is more convenient to receive care from the optometrist. Most importantly, even if the patient chooses the co-management option, it can only be implemented when clinically appropriate.

Refractive Surgery Co-Management

Refractive surgery co-management arrangements are similar to those established for the care of cataract surgical patients. The main difference is that in most cases there is no insurance reimbursement for the procedure. The optometrist often performs the majority of the preoperative testing and forwards the findings to the refractive surgeon before surgery. In some instances, the patient will be required to have an additional preoperative visit with the refractive surgeon if there is additional testing that needs to be performed that is not accessible in the optometrist's office. The optometrist should be knowledgeable in all aspects of different refractive procedures so that the patient can be properly educated and that all preoperative care protocols are followed. Although surgical consent forms are typically signed just before surgery, it is recommended that the optometrist review the documents with the patient before

the surgical date and answer any questions or concerns the patient may have.

In most instances, the patient is returned to the care of the optometrist for the entire postoperative period. The refractive surgeon will transmit the results of the surgery, as well as the recommended postoperative protocols, to the optometrist. Following each postoperative visit, the optometrist should transmit the relevant examination findings to the refractive surgeon. This interdependent relationship between the optometrist and the refractive surgeon will help ensure the best possible clinical outcome for the patient.

Although violations of federal anti-kickback statutes are rare in refractive surgery co-management, the practitioner needs to be aware of any specific state health care laws that may be impacted. These include laws and regulations that define anti-kickback relationships, fee splitting arrangements, and any corporate practice of medicine and optometry restrictions. Before the surgery, the patient should receive a breakdown of all fees associated with the procedure. In many cases a global fee is charged that includes the surgical procedure and preoperative and postoperative care. It should be clear which amount of the global fee is being billed for the surgical procedure, as well as those assigned to the preoperative and postoperative care components.

Working with Other Health Professionals

Optometry's role in health care has expanded significantly, requiring optometrists to describe patient findings and recommend management to other practitioners in the health care field. Optometrists are called on by other health care disciplines to perform specific tests and procedures for patients. Although optometrists offer more services than at any time in the profession's history, they must rely on others in the health care field to work cooperatively for the benefit of patients. Many primary care physicians, as well as other specialists, are unaware of the level of clinical training and scope of optometric practice. Direct communication with other health care providers not only enhances the patient's level of care, but also serves to educate other health care professionals on the optometrists level of clinical expertise.

Obtaining Referrals from Optometrists

Because of the expanded scope of optometric practice and advanced education (such as residency training) available in many areas of optometry, more and more optometrists are now specializing in limited areas of eye care. (See Chapter 29.) If an individual practitioner does not provide specialized services, professional ethics and legal standards of care can demand that patients who require specialized services be referred to the appropriate optometric or other health care specialist.

Optometrist-to-optometrist referrals can become problematic if the practitioner referred to performs the slightest service ordinarily performed by the referring doctor. It also is essential to ensure the patient is returned to the referring doctor

and that the relationship is a reciprocating one. Therefore the practitioner referred to must make an appointment for the patient to return to the referring doctor.

Examples of specialized practice include pediatrics, low vision, diagnosis of disease, contact lenses, and sports vision.

Pediatric Care

The pediatric specialist will have a practice that is geared toward the young patient, including children's waiting room furniture, pediatric acuity and visual skills assessment charts, up-to-date electronic training equipment, and an unusually large selection of children's eyewear in the dispensary.

The pediatric optometrist offers developmental vision services and treatment for conditions such as strabismus, amblyopia, visually related learning disabilities, and vision perception problems. Today's pediatric optometric specialist also might be well versed in the fitting of infant or newborn eyeglasses. Contact lenses also can be fitted when necessary because of prematurity, surgery, or other related conditions. Pediatric optometrists work closely with teachers, counselors, and family members to ensure that there is continual feedback on any progress achieved in the treatment of the child's condition.

Low Vision

Although there are some "stand alone" low vision clinics, most low vision specialists are located in a facility that provides other vision and eye care services. These optometrists are usually located in facilities providing more comprehensive care because it is difficult for a stand-alone low vision practice to be financially self-sustaining. The low vision specialist provides a lengthy examination and uses unique equipment in the evaluation of the visually impaired patient. This equipment usually includes specialized low vision acuity and visual field tests, as well as a large variety of sizes and powers of magnifiers, handheld and spectacle-mounted microscopes and telescopes, lights, and electronic low vision aids such as closed circuit televisions. As the population of the United States ages, referrals for low vision care are sure to grow. The low vision specialist works closely with other optometrists, ophthalmologists, and state agencies that fund low vision care.

Diagnosis of Disease

In the past, when a medical workup or report was needed by an optometrist, the patient was referred to an internist or specific medical specialist. In many instances, patients did not return after referral—physicians often sent referred patients to an ophthalmologist for follow-up care and rarely returned them to the optometrist. The optometrist rarely received reports about referred patients or even an acknowledgment of the referral.

The eye care referral center concept was born in the 1980s. Services offered through these referral centers include electrodiagnostic testing, fluorescein angiography, threshold visual field testing, medical care for ocular diseases, treatment of ocular emergencies, and most types of eye surgery. Contact lenses, refractive care, spectacles, low vision aids, and vision training usually are excluded from the care given at these centers.

Since the implementation of these centers, optometrists have been able to participate in the decision-making process for patient care. Most of these centers use an optometrist as the clinic director and a physician as the medical director. Because patients are returned to the referring practitioners, these organizations have ensured that optometrists will play a role in the continuing management and follow-up of patients. The feedback received from the referral center also improves an optometrist's education regarding the latest in disease diagnosis and treatment.

Optometric referral centers traditionally offer postgraduate continuing education courses for local and referring practitioners. For local optometrists, these centers usually provide medical care for patients during periods when the optometrist is out of his or her office because of illness, vacation, or emergency.

Contact Lens Specialists

Most contact lens specialists limit their practices to the fitting and care of contact lens patients. Many work primarily with the "hard-to-fit" patient. These specialists have the expertise to fit patients with dry eye syndrome, astigmatism, and presbyopia. They have the knowledge and ability to fit unusually shaped and traumatized corneas. Because they are usually on the "cutting edge" of contact lens development, these practitioners often participate in clinical trials of new contact lens materials and solutions.

Sports Vision Specialists

Some optometrists offer sports vision as a subspecialty. Sports vision optometrists provide expertise at all levels of competition, from professional leagues to children's sports. These practitioners detect vision problems affecting athletic performance, prescribe special eyewear for sports and leisure activities, provide training to enhance athletic performance, prescribe protective eyewear to prevent eye injuries, and manage eye injuries suffered during athletic competition. Like the highly competitive athletes they serve, vision care in this field is state-of-the-art and requires the use of highly specialized equipment and techniques.

Telemedicine

Advances in telemedicine provide the ability to consult electronically with other health care providers. Often, specialized clinical care is available only in large, urban settings. Patients can incur considerable expense when travelling to these locations, and more importantly, an unavoidable delay in evaluation and management of their conditions. Telemedicine not only improves the quality of care patients receive but is also a cost-effective method of reducing related health care expenditures. With the development of digital imaging and other just-in-time technologies, treatment can often be initiated immediately at the local level after the consultation. Telemedicine in eye care includes the transfer of high-resolution digital images, ophthalmic ultrasounds, electrooculography, and electroretinography. Telemedicine is also valuable for disease screenings, research and clinical trial collaborations, and in distance learning centers for continuing education.

Although the field of telemedicine is still in the infancy stage, all providers should be aware of the legal and ethical implications surrounding its use. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes standards for electronic health care transmissions, as well as addresses the issues related to the security and privacy of patients' health data. However, there are only limited guidelines that address the issue of telemedicine medical negligence and breaches of confidentiality. Before initiating such a consult, the practitioner should educate the patient about the potential risks associated with telemedicine and the loss of privacy and confidentiality, as well as how telemedicine differs from the traditional "face to face" delivery of care. It is recommended that the provider obtain a signed consent form from the patient before the initiation of telemedicine consultations.

PROFESSIONAL COMMUNICATIONS

Letters of Referral

When referring patients to another practitioner or health care facility, certain procedures and protocols should be followed. To ensure that the patient receives the care desired, the appointment for the referral should be made while the patient is in the office. The office to which the patient is referred should be informed of the needs of the patient so that a timely appointment can be scheduled and the appropriate tests performed. A referral letter should be written and sent so that it arrives before the date of the future appointment. Timely arrival can require sending the letter by electronic or facsimile transmission if a same-day referral is arranged.

A referral letter should describe any or all of the following:

- Patient's name, age, sex
- Date of examination
- Chief complaint and symptoms
- History of past and current eye care
- Pertinent health history, including medications being taken
- Significant tests performed and findings obtained
- Diagnosis and treatment
- Reason for referral
- Date of referral appointment
- Copies of any pertinent test results (e.g., visual fields) should be attached

Consultation and Summary Reports

Consultations for Medicare-eligible patients operate under special rules that have been in effect since 1992. Many of these rules have been adopted in some format by major medical insurance companies. Patients might need consultation for one or more of the following reasons:

- Further testing before a definitive diagnosis is made
- Second opinions to confirm diagnosis or treatment
- Suggestions regarding ways to approach the treatment of a specific condition

When a patient is referred for a consultation, the referring practitioner should note the reason for the consultation

and request a timely telephone call or written summary report from the practitioner to whom the patient has been referred.

The summary of testing and results or recommendations should be brief, if possible, and a copy should be retained for the optometrist's file. A letter should communicate the necessary information in an easy-to-read format. The practitioner should read and check each letter for spelling and accuracy of information before signing it (Figure 32-2).

"Thank You for Your Referral"

When a patient is referred to an optometrist for treatment, diagnosis, or advice, a summary letter describing test results or recommendations for care should be sent by the optometrist to the referring practitioner or facility as soon as possible. In many instances, a telephone call on the day of the visit can be provided. Words of thanks should be part of the beginning and ending of the call or letter (Figure 32-3).

DEVELOPING AND CULTIVATING PROFESSIONAL RELATIONSHIPS THROUGH COMMON INTERESTS

Generally, people who work or play together develop a common bond of trust and respect. Referrals are inevitable when a personal relationship occurs.

Communities usually offer many opportunities for professionals who share common interests to meet. Professionals

<p>Dear _____:</p> <p>I recently saw our mutual patient, _____, whom you are currently treating for diabetes.</p> <p>The eye health examination revealed no presence of retinal disease. Tonometry was _____ OD and _____ OS, within normal limits. Best corrected visual acuity is _____ right eye and _____ left eye, far and near. External slit lamp examination and internal ophthalmoscopy were both normal.</p> <p>Enclosed are copies of fundus photographs for your records. As you can see, there are no signs of diabetic retinal change. I also performed a complete dilated peripheral retinal examination to rule out any other abnormalities.</p> <p>If there is any additional information you would like, or if there are any other aspects of this patient's care you feel I should know about, please call.</p> <p>I plan to see _____ again in 6 months and I will urge him (or her) to follow your recommendations and continue to see you on a regular basis.</p> <p>Sincerely,</p> <p>Dr. _____</p> <p>Enclosure</p>

FIGURE 32-2 Sample consultation letter.

Dear _____:

Thank you for referring _____ to our office. It is a pleasure to receive referrals from our patients because that indicates you are satisfied with our services and care.

We appreciate the opportunity to demonstrate that the confidence you express by sending a family member or friend is not misplaced. I assure you that any relatives or friends you recommend will receive our thorough attention and the same quality of care you have experienced.

Thanks again. We value your loyalty.

Sincerely,

Dr. _____ and Staff

FIGURE 32-3 Sample “thank you for your referral” letter.

possess leadership skills and usually share common interests in education, local government, and community service. They share a civic responsibility to promote growth and excellence in the community. The opportunity to serve in charitable and service organizations is particularly meaningful. Although the primary goal of participation should be “service above self,” as the Rotary Club’s motto states, participation will nurture friendship, as well as a professional association, with others who share a civic-minded attitude.

Most professionals will pursue sports, social, or selfimprovement activities. Among professionals who share similar interests, friendship is common. Such individuals are often mutually supporting and provide referrals to one another. Friendship becomes the basis for the sharing of care among patients.

NON-HEALTH CARE PROFESSIONALS

In general, by developing a superb reputation for expertise and by developing the credentials of a true specialist, optometrists can become important referral sources for non-health care professionals. Accountants, attorneys, architects, and engineers understand the effort that is required to obtain an advanced degree. They can become excellent patients if they understand and appreciate the quality of optometric education and service. In turn, they should be afforded the respect and consideration that is merited by the years of education and training necessary in their fields of expertise.

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