

Information Statement

On-Call Compensation for Ophthalmologists

Introduction

The American Academy of Ophthalmology is a professional organization of over 29,000 practicing ophthalmologists worldwide. The Academy's mission is to advance the lifelong learning and professional interests of ophthalmologists (Eye MDs) to ensure that the public can obtain the best possible eye care. Ophthalmologists are dedicated to providing quality eye care in various settings.

In some communities, it is difficult to obtain emergency care services in a timely manner. Increased patient populations, shortages of hospital resources and decreased number of emergency departments are placing a strain on emergency care services. At the same time, hospitals are reporting problems obtaining on-call coverage by specialist physicians.^{1,2}

The public is served best when eye care and treatment delivered in emergency rooms are administered by qualified, medically-trained professionals. Ophthalmologists are trained in basic ocular trauma care and can provide surgery and other trauma management services in emergency situations. Ophthalmologists are the most appropriate choice when emergency eye care is required when injuries cannot be adequately managed by a non-ophthalmologist emergency physician. Ophthalmologists are able to provide comprehensive care, e.g., ocular trauma management and emergency eye surgery, beyond that of non-medically-trained providers.

The Academy recognizes the responsibility of community ophthalmologists and hospitals to develop a system that allows patients with emergency eye problems to receive timely and appropriate care. There may be different solutions in different communities. The core principle is the inherent responsibility of community ophthalmologists to be available for emergency eye care for the patients they serve. In some areas, hospitals are contracting with specialist physicians for providing that care. The American Academy of Ophthalmology recognizes there are situations where it may be appropriate for ophthalmologists to receive compensation from hospitals in exchange for providing on-call emergency eye care services. The Office of the Inspector General has recognized that under specific market conditions, hospitals can compensate physicians for on-call coverage.³

Background:

As ophthalmologic surgical services have moved from hospital settings to outpatient surgical centers, fewer ophthalmologists are members of hospital staffs. Historically, staff privileges required members to participate in emergency call. Hospitals with few or no ophthalmologists on staff are now having a difficult time filling their on-call rosters for eye emergencies.

While ophthalmologists recognize their duty to serve the public, including the uninsured and underinsured, in some communities the present system is not working. Hospitals, ophthalmologists and other stakeholders should recognize and discuss appropriate sharing of financial responsibilities when providing emergency services. It is inherent that the hospital provides the equipment and facilities needed for delivering emergency eye care.⁴

Evaluation:

Outcomes such as robust on-call rosters and better access to care can be the potential result in communities where ophthalmologists and hospitals discuss sharing financial responsibilities in creating an on-call roster for emergency eye care. The American Academy of Ophthalmology joins other national medical specialty societies (i.e., American Academy of Neurology⁵, the Orthopedic Trauma Association⁶ and American Academy of Orthopaedic Surgeons⁷) in supporting on call compensation for its members after discussing this issue with the stakeholders in their community. Ophthalmologists should work directly with the hospital(s) in their area regarding providing appropriate and timely emergency eye care.

The legal considerations surrounding on-call coverage compensation arrangements are complex and such arrangements can present compliance concerns with the Emergency Medical Treatment and Active Labor Act (EMTALA), thus structuring such relationships should be done carefully and with the guidance of legal advisors experienced in these matters.⁸

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References:

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- ¹ O'Malley AS, Draper DA, Pelland LE. Hospital emergency on-call coverage: Is there a doctor in the house? Issue Brief No, 115, Center for Studying Health System Change. Washington D.C. (November 2007). www.hschange.org/CONTENT/956/ Accessed July 31, 2009.
- ² O'Malley AS et al. Rising pressure: Hospital emergency departments as barometers of the health care system. Issue Brief No. 101, Center for Studying Health System Change, Washington D.C. (November 2005).
- ³ U.S. Department of Health and Human Services, Office of the Inspector General. Advisory Opinion 07-10, concerning the physicians' on-call coverage and uncompensated inpatient care arrangement employed by a medical center Sept 20, 2007: Available at: oig.hhs.gov/fraud/docs/advisoryopinions/2007/AdvOpn07-10A.pdf. Accessed July 31, 2009.
- ⁴ Ocular Trauma Center Checklist, American Academy of Ophthalmology. June 2009. Available at: one.aaof.org/CE/PracticeGuidelines/ClinicalStatements_Content.aspx?cid=613d722b-9b61-4857-b0e0-365076366620. Accessed July 31, 2009.
- ⁵ On-Call Reimbursement for Neurologists. American Academy of Neurology. Available at: www.aan.com/globals/axon/assets/2502.pdf. Accessed July 31, 2009.
- ⁶ OTA On-Call Position Statement. Orthopaedic Trauma Association. December 2, 2005. Available at: www.ota.org/downloads/PositionStatement12-05.pdf. Accessed July 31, 2009.
- ⁷ AAOS position statement: On-call coverage and emergency care services in orthopaedics. American Academy of Orthopaedic Surgeons. October 2006. Available at: www2.aaos.org/aaos/archives/bulletin/oct06/cover3.asp. Accessed July 31, 2009.
- ⁸ U.S. Department of Health and Human Service, Office of Inspector General, Advisory Opinion No. 09-05, concerning a hospital's proposal to compensate physicians for on-call services performed on behalf of the hospital's uninsured patients. May 14, 2009: Available at: oig.hhs.gov/fraud/docs/advisoryopinions/2009/AdvOpn09-05.pdf Accessed July 31, 2009.