



PALESTINIAN MINISTRY OF HEALTH SERVICE PURCHASE UNIT

REFERRAL PROTOCOL 2: OPHTHALMOLOGY

2017

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ACRONYMS

CT	Corneal Topography
EOG	Electrooculogram
ERG	Electroretinography
FFA	Fundus Fluorescein Angiography
OCT	Optical Coherence Tomography
PHCP	Palestinian Health Capacity Project
PMC	Palestine Medical Complex
PMOH	Palestinian Ministry of Health
RRC	Regional Referral Committee
ROP	Retinopathy of Prematurity
SPU	Service Purchase Unit
VEP	Visual Evoked Potential
VF	Visual Field Testing

PART ONE – GENERAL INFORMATION

INTRODUCTION

The defining characteristics of the provision of health services in the Palestinian Territories and its governing power are the Public Health Law (2004) and the Health Insurance and Treatment Abroad Law (2006). Both laws ensure coverage for basic health services to every resident of the Palestinian Territories, and define the government's responsibility to provide a defined set of health services to every insured person without discrimination. The Service Purchase Unit (SPU) of the Palestinian Ministry of Health (PMOH) strives to ensure access to quality healthcare services that are not available through public PMOH facilities, but are included in the set of services guaranteed to all insured people. The PMOH strives to make those services available without difficulty and in an equitable manner to all categories of the population regardless of geographical distribution, socio-economic status, or gender.

The PMOH promotes internationally accepted guidelines, recommendations, and evidence-based medicine in the treatment and management of Palestinian patients, while taking into consideration the utilization of existing local resources to provide optimal therapy and improve health outcomes.

Purpose of Protocol

As outlined in the health insurance law, there are sets of services not available within the service delivery system of PMOH facilities. Those services will be subject for referral to facilities outside the PMOH public health system based on clinical guidelines established by the PMOH.

Clinical protocols for referrals are deemed necessary to outline the medical eligibility of any referral decision taken at the level of the Regional Referral Committees (RRCs), or specialty referral committees, and the SPU. These guidelines will provide a road map for all conditions and diseases that require referral outside the services of the PMOH.

The clinical referral protocols present the general outline and criteria for selecting patients to be referred outside public health services for specific medical conditions. The protocols do not represent a treatment plan for practitioners, but rather provide information on the most common conditions for referrals, where to refer them, and lists of approved drugs to be prescribed to the patients and made available by the PMOH.

Protocol Development Process

The PMOH Service Purchase Unit (SPU) supported by the USAID-funded Palestinian Health Capacity Project (PHCP) conducted a series of meetings, starting on February 25, 2016, to develop a referral protocol for ophthalmology conditions.

The meetings brought together Palestinian experts in the field of ophthalmology and referrals to analyze ophthalmology referral data, services, and the capacity of the medical cadre in the

Palestinian health sector. As a result, the experts offered recommendations on policies and indications related to ophthalmology referrals. The content of this protocol is the result of extensive consultation with Palestinian experts and professionals in the field of Ophthalmology, both inside and outside the PMOH, and has been endorsed by the Minister and the Deputy Minister.

It is worth mentioning that the guidelines do not include treatment regimens for diseases. The specialized Ophthalmology Referral Committee members will specify what kinds of procedures need to be considered for each case. The referral protocols are a living document and will be reviewed every two years, or as needed, to reflect updates and changes to the PMOH declared referral decisions.

Names of the group of experts and specialists who participated in the protocol process of development are shown below:

Dr. Hamdi Nabulsi, Director General of Hospitals, Palestinian Ministry of Health

Dr. Zakariya Bozieh, Palestine Medical Complex, Palestinian Ministry of Health

Dr. Tamam Zyoud, Palestine Medical Complex, Palestinian Ministry of Health

Dr. Amjad Abu Safieh, Hebron Governmental Hospital, Palestinian Ministry of Health

Dr. Saed Babisi, Internal Audit Department, Palestinian Ministry of Health

Dr. Omar Hamad, Beit Jala Hospital, Palestinian Ministry of Health

Dr. Amira Al-Hindi, General Director, Service Purchase Unit, Palestinian Ministry of Health

OVERVIEW OF CURRENT REFERRAL VOLUME

Ophthalmology management ranked highest for individual patients/cases among all referrals, demonstrating the importance of developing an ophthalmology referral protocol.

Ophthalmology referrals (where the same patient is referred more than one time for follow-up or additional treatment sessions) ranks as the third highest number of referrals to health facilities outside the PMOH, exceeded only by oncology and cardiology referrals. The total number of referrals for ophthalmology cases during 2016 was 6,792, representing 8 % of total referrals for the year.

SUMMARY OF HEALTH SECTOR CAPACITY TO ADDRESS REFERRED CASES

PMOH Hospital Capacity

Ophthalmology in the West Bank and Gaza has witnessed remarkable developments in quantity and quality in recent years within the private sector. In addition to the marked increase in the number of specialists and the establishment of new centers providing services, the number and diversity of operations and diagnostic devices available have also changed dramatically. PMOH hospitals, however, continue to experience shortages in capacity for ophthalmology cases.

Governmental ophthalmic services are available at four PMOH hospitals in the Palestinian Territories:

- Hebron Governmental Hospital (Alia Hospital) – Hebron
- Beit Jala Hospital – Bethlehem
- Palestine Medical Complex (PMC) – Ramallah
- Rafidia Hospital – Nablus

PMOH hospitals currently have five ophthalmologists and one optometrist.

In 2015, the total number of ophthalmic patients treated at the three major facilities in the West Bank was 18,843, distributed as follows:

Hospital	Location	Number of Ophthalmic Patients
Hebron Governmental Hospital (Alia Hospital)	Hebron	6,944
Palestine Medical Complex	Ramallah	4,668
Rafidia Hospital	Nablus	7,231

The supply of services within PMOH is inadequate to service the demand for ophthalmic services resulting in a long waiting list for treatment. Further, the PMOH has no subspecialty residency program for ophthalmology to train and certify additional specialists to relieve this burden. Additionally, essential diagnostic tests such as optical coherence tomography (OCT) are only available at the PMC, and essential supplies, medicines, and surgical instruments are often in shortage. These challenges necessitate the referral of patients to non-PMOH hospitals.

Services Covered as Derived from the Law

As outlined in the health insurance law, there is a set of services which are part of the PMOH defined package of government essential services that are provided by PMOH hospitals and centers. These services are not eligible for referral as they are provided within the PMOH system. Regarding ophthalmology, regulations for health insurance and treatment abroad (2006) guarantee the coverage of all ophthalmology medical conditions except contact lenses, eye glasses, and corneal Lasik procedures. All other ophthalmology procedures, including cornea

transplantation in instances of existing donor, are covered by government health insurance. When the service is not available at PMOH facilities, a referral to contracted non-PMOH hospitals is provided based on a decision made by the Ophthalmology Referral Committee operating within the referral processes of the SPU.¹

¹ For information regarding the responsibilities and composition of committees, please see the Palestinian Ministry of Health Service Purchase Unit Referral Guidelines.

PART TWO – REFERRAL POLICIES

GENERAL POLICIES

The following policies pertain to all ophthalmology referrals.

- Ophthalmology cases that require referral to facilities outside the PMOH undergo a primary evaluation by PMOH outpatient clinics in the four centers mentioned above before submission to the Ophthalmology Referral Committee.
- The Ophthalmology Referral Committee reviews all requests submitted to the committee to determine the appropriateness of the referral and make recommendation for referral to SPU. SPU-assigned staff will issue the authorization of the referral to one of the contracted referral facilities.
- Cases eligible for referral should be referred only to PMOH-contracted referral facilities based on a preferred list of services and providers.
- SPU staff, as well as technical referral committees and Regional Referral Committees, will utilize a preferred list of services (currently under development) and referral facilities based on quality, service availability, geography, and the contract price list.
- The preferred list will be revised regularly and will take into consideration the availability of the service and qualified professionals.
- The referral facility should adhere to the indicated approved procedure on the authorized referral form.
- The referral facility should utilize the tests or examinations performed at PMOH hospitals attached to the referral form, rather than redoing the tests and rescheduling the procedure for the patient.

SPECIFIC POLICIES

Medical Procedures and Conditions Not Eligible for Referral

The procedures and tests mentioned below **are not** eligible for referral outside PMOH facilities and are the responsibility of the patient:

Services not eligible for referral outside PMOH	Rationale
Optical Coherence Tomography OCT	Can be performed at PMC
Fundus fluorescein angiography (FFA)	Not a covered benefit
Visual field testing (VF)	Not a covered benefit
Corneal topography	Not a covered benefit
Corneal pachymetry	Not a covered benefit
Pentacam	Not a covered benefit

Non-Emergency Medical Procedures and Conditions Eligible for Referral

The procedures and services noted below are eligible for referral if such services are not available within PMOH facilities.

Detailed guidance for each condition follows:

Cross-linking

The primary purpose of cross-linking is to halt the progression of ectasia. Therefore, the best candidate for this therapy is an individual with a progressive ectatic disease of the cornea. The most common indications are:

- Keratoconus
- Pellucid marginal degeneration
- Terrien marginal degeneration
- Corneal keratosis (ulcers)

Parameters to consider when referring for cross-linking include:

- Change in refraction (including astigmatism)
- Uncorrected visual acuity
- Best corrected visual acuity
- Corneal shape (topography and tomography)

Patients younger than 20 years of age can be referred if the waiting time at PMOH facilities is longer than three months.

Contraindications for cross-linking below indicate when a referral is not eligible for these conditions:

- Corneal thickness of less than 400 microns is a contraindication to the standard treatment protocol.
- Prior herpetic infection is a contraindication as it may result in viral reactivation.
- Concurrent infection
- Severe corneal scarring or opacification
- History of poor epithelial wound healing
- Severe ocular surface disease (e.g. dry eye)
- Autoimmune disorders

Corneal Graft

All corneal graft cases are eligible for referral and should be referred to outside facilities based on preferred list of contracted facilities.

Squint

All squint cases in the southern region will be transferred to Hebron Governmental Hospital to receive treatment (subject to capacity of the department and availability of the service).

All cases in other regions beyond the capacity of PMOH hospitals are subject for referral according to a preferred list of contracted hospitals.

Squint cases subject to referral should be evaluated by an orthoptist or pediatric ophthalmologist at the PMOH, and then transferred to the Ophthalmology Referral Committee for final decision.

Vitreotomy

All vitrectomy cases should be referred to referral facilities from the preferred list determined by the PMOH and SPU.

Cataract

Referrals outside the PMOH should only take place in the following conditions:

- Waiting time for the operation is more than 6 months
- Presence of cataract with other co-morbidity and complications (vitrectomized eye)
- Cataract is affecting the person's daily activities
- Single-eye cataract (only one functional eye)

Visual evoked potential (VEP) test

Electroretinography (ERG)

Electro-oculogram (EOG)

Referral in Emergency Cases

Treatment for trauma to the eye resulting from road accidents or personal fights is not covered by government health insurance and is therefore ineligible for referral.

All emergency cases covered by health insurance should be evaluated prior to any referral.

- Simple cases that do not require highly specialized ophthalmic care will be treated at PMOH hospitals as a primary repair.
- All complex cases that need specialized ophthalmic intervention not available at PMOH hospitals are eligible for referral and should be referred to the nearest contracted hospital.

The following are specific ophthalmic emergencies that are eligible for referral to facilities outside the PMOH:

- **Retinal detachment** if the macula is still on
- **Rupture globe caused by trauma** (except if caused by car accident, work accident, or being hit by others)

- **Endophthalmitis²** (should be treated as vitrectomy)
- **Glaucoma**
- **Corneal ulcers** with cross-linking referred for surgical and medical treatment
 - Hospitalization for exceptional cases is subject to SPU approval
- **Newborn congenital anomalies**
 - Congenital cataract
 - Congenital glaucoma
- **Retinopathy of prematurity (ROP)**
 - Referred without delay to one of the contracted hospitals from the preferred list of referral facilities
- **Congenital Ptosis**
 - Referred without delay to one of the contracted hospitals from the preferred list of referral facilities

Conditions and Procedures Eligible for Referral to Israeli Contracted Hospitals

The following cases are not treated within the Palestinian local health sector and are subject to referral to one of the contracted Israeli hospitals:

- Ophthalmic oncology
- Pediatric vitrectomy
- Orbit surgery
- Specific fitted prosthesis subject to committee technical decision (i.e. major surgery due to ocular tumors)
- Retinopathy of prematurity in baby with advanced stage (should be referred to Hadassah Hospital)

DRUGS FOR OPHTHALMOLOGY MANAGEMENT

Through these protocols, the PMOH has issued the following guidance on the use of ophthalmic drugs that are to be followed whether or not a patient is treated within PMOH facilities or outside the PMOH in a referral facility.

The following ophthalmology drugs should be made available by the PMOH as part of PMOH essential and complimentary list of drugs used in the approved treatment protocols for ophthalmology. The unavailability of the drugs below is not an indication for referral as they can be obtained in the Palestinian Territories.

Avastin This is part of the PMOH essential drug list. Treatment will be received at PMOH facilities and patients should not be referred to an outside facility to receive this drug.

² If endophthalmitis is a recurrent condition at one hospital, this should be considered an indicator to control and monitor the hospital's infection-prevention measures.

Indications for Avastin therapy:

- Age-related macular degeneration (Wet AMD)
- Retinal vein occlusion (RVO) includes branch and central retinal vein
- Macular edema (ME)
- Idiopathic retinitis, vasculitis, aneurysms, and neuroretinitis (IRVAN)
- Irvine Gass syndrome (edema post cataract surgery)
- Central serous retinopathy

Lucentis The only exception for patients to receive **Lucentis** is if, after five injections of **Avastin** the patient has failed to improve.

Ozurdex is not a PMOH approved course of treatment unless accompanied with a medical report from a Retina-Uveitis Specialist justifying the use of the drug.

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