Recommendations for Better Health Care: Eye and Vision Care Services in British Columbia

A Brief Submitted to the BC Conversation on Health
July 2007
Introduction
The Conversation on Health was launched in September 2006. Premier Gordon Campbell challenged British Columbians to have an honest and objective discussion about the challenges and solutions to ensure that the health care system would be there for us now and in the future.

The Premier asked three questions about the health care system:
- What do the principles of the Canada Health Act really mean and how do we define them by law?
- How do we ensure our system is sustainable for British Columbians in the long term?
- How can we improve health care delivery to live up to those principles?

The British Columbia Association of Optometrists (BCAO) provides its comments on these questions.

The Role of the Optometrist in Health Care in BC
The BCAO represents approximately 425 optometrists practicing in more than 90 communities across the province. Its mandate is to promote the highest standards of professional practice and vision care through professional development and education, as well as to promote public awareness of vision care as a component of general preventive health care.

Doctors of Optometry are primary care health care providers specializing in the examination, diagnosis, treatment, and prevention of diseases and disorders of the visual system. Optometrists in BC provide 80% of the primary care eye examinations, and thus serve as the main entry point to the health care system for most citizens suffering from a disorder of the visual system. Doctors of Optometry have a minimum of 6 years of post-secondary education, with 4 years of specialized training to perform comprehensive examinations that integrate refractive status, binocular status, and ocular health data in diagnosis, as well as to treat and manage many eye conditions with refractive aids, vision training, and pharmaceutical agents.

1. The Canada Health Act and Canadian Values
The BCAO supports the fundamental principles embodied in the Canada Health Act, which are that health care should be comprehensive, accessible, universal, portable, and publicly administered to the benefit of all Canadians.

Comprehensive health care should ideally take an integrated approach that emphasizes disease prevention and health maintenance. Regular eye care is an important component of overall health care, as it permits timely detection of and intervention in a host of more general disorders, ranging from learning problems to diabetes and cardiovascular disease. Integration of refractive, binocular, and anatomical/physiological data in analysis of the visual system is critical in primary eye care. Unfortunately, the historical emphasis on physician and hospital-based medical services has resulted in a fragmentation of vision care in British Columbia and other provinces, as services covered and degree of coverage varies depending on the patient and provider. In addition, there has been a disturbing trend towards separating the refractive and ‘health’ components of eye care, especially as the level of publicly funded coverage for primary eye care services has been eroded, even
though there is compelling evidence that considering refractive findings in isolation poses significant public health risks.

The BCAO recommends that primary eye care be explicitly recognized as an essential component of general preventive health care. Furthermore, we recommend that the components of primary eye care (refractive status, binocularity, and ocular health) be recognized as an integrated suite of data that should not be fragmented.

**Accessible** health care should be available to all Canadians in a timely manner regardless of their residence in a rural or urban setting. The unequal distribution of medical personnel, particularly medical specialists, in rural and urban settings makes it difficult to achieve the ideal of equal accessibility. The problem has been exacerbated by the historical emphasis on physician- and hospital-based care in our publicly funded systems. A shift in emphasis from the provider to the *service provided* would make health care more accessible by allowing a broader range of choices for patients and decreasing the inappropriate burden placed on general practitioners and medical specialists. This is especially true for eye care in the remote and rural areas of the province that are chronically under-serviced, particularly by ophthalmologists.

The BCAO believes that eye care services that are deemed essential to a comprehensive health care system should be covered equally under the publicly administered program regardless of whether they are provided in a clinic or a hospital, by an appropriately trained and equipped optometrist, general practitioner, or ophthalmologist. An area where there is a particularly acute need for a service-based approach is in the treatment of common ocular diseases such as minor infections and inflammations. Unlike doctors of optometry in most other jurisdictions in Canada and the US, BC optometrists are not currently permitted to practice to the full extent of their training by prescribing therapeutic pharmaceuticals. This leads to over-utilization of physicians and hospital emergency resources, and delayed and limited access to the full range of eye care services. Optometrists are much more broadly represented in outlying communities than are medical specialists, and utilization of the full extent of our expertise in treating eye disease will result in more direct and equitable access to eye health care across the province.

Our aging population and the attendant increased incidence of chronic eye diseases will place more demands on the need for ophthalmologists and waiting lists for ophthalmic services such as cataract surgery will be longer than they are today. There is also a growing awareness that the ratio of ophthalmologists to patients is falling and is particularly acute in the non-urban and rural settings.¹

The BCAO urges that health care funding in British Columbia should be patient-centered, emphasizing the services provided rather than the provider or the site. The BCAO also recommends that the scope of practice for optometrists should be expanded to include the full scope of existing optometric education and training.

**Universal** health care means that medically necessary services are available to all Canadians regardless of income. Problems of achieving the ideal of universality are intertwined with accessibility, as patients in remote areas are often faced with significant travel costs to receive medically necessary treatment services. As is the case for
accessibility, a shift in emphasis to coverage of medically necessary services rather than providers would broaden the base of professionals available to patients in outlying areas and reduce the discrepancy in universality that currently exists. In the case of eye care, the benefits again would be maximized if optometrists were permitted to practice to the limits of their training and abilities by prescribing therapeutic drugs including the co-management of glaucoma and universal access to diagnostic procedures using the latest available technology.

Because primary eye care is not explicitly recognized as an integral component of general preventive health care. Formal recognition of eye care services (rather than providers) as fundamental to health care, and the development of standards of coverage will improve the consistency and **portability** of vision care. Harmonization of scopes of practice for health professionals to the highest levels of education and training in all jurisdictions and acknowledgement of such through agreements like the BC-Alberta Trade, Investment and Labour Mobility Agreement and professional legislation will improve access to health services.

A solution to the issues of access and the sustainability of our health system is to develop a better integration of vision care. A careful delineation of scope of practice between vision care professionals such as general practitioners, optometrists, and ophthalmologists may enhance the efficiency of vision care provision and possibly help to free up ophthalmologists to perform services only they are trained to do, thereby possibly helping to maintain waiting lists at acceptable levels.¹

An Eye Care Working Group in Nova Scotia has developed an integrated vision care initiative for the management and treatment of patients with red eye and diabetes based on explicit delineation of scope of practice for general practitioners, optometrists and ophthalmologists. Further work on the screening and management of strabismus, amblyopia and glaucoma suspects are in the final stages of development and these frameworks highlight the efficient use of vision care professionals.¹²³

### 2. Sustainability

There has been increasing concern in recent years that a publicly funded health care system that meets the ideals of the *Canada Health Act* will not be sustainable. It seems obvious that there will have to be compromise and a difficult ordering of priorities. Many Canadians value their sight above any of the other five senses, and this priority should be recognized in our health care framework. The BCAO strongly urges the government to recognize the benefits of preventive eye care in minimizing costs to the health care system by permitting timely intervention to prevent acute and devastating disease.

Permitting doctors of optometry to practice to the full extent of their training and adopting a policy of service-based rather than provider-based coverage will increase efficiency, and therefore sustainability, of health care systems by reducing redundant billing. In BC, patients who visit their optometrist for diagnosis of simple eye diseases, often at the request of a general practitioner, must then be referred back to a physician for further diagnostic tests or a prescription to initiate treatment. This inefficient process delays treatment, inconveniences patients, and is wasteful of health care resources.
3. Improvements to health care delivery

The BCAO recommends improvements to the delivery of health care and in particular, vision care services as follows:

- Formal recognition of minimal standards of primary eye care as a component of a comprehensive health care system, and parity in the scope of optometric practice across Canada.

- The expansion of the scope of practice for optometrists to include the full scope of existing optometric education and training.

- Eye care services that are deemed essential to a comprehensive health care system should be covered equally under the publicly administered program regardless of whether they are provided in a clinic or a hospital, by an appropriately trained and equipped optometrist, general practitioner, or ophthalmologist.

- Health care funding in British Columbia that is patient-centered, emphasizing the services provided rather than the provider or the site.

- Development of a collaborative model of vision care services including optometrists, general practitioners and ophthalmologists.

Optometrists are committed to the delivery of vision care services to the highest standards of patient care for the citizens of British Columbia.

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President

REFERENCES

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