



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

Canadian Association of Optometrists

Submission to

**AFN-NIHB Joint Review
Eye Health and Vision Care Benefit**

July 2016



About the CAO

The Canadian Association of Optometrists (CAO) is the national voice of optometry in Canada. Over 4,600 doctors of optometry and 400 optometry students are CAO members, representing 85% of doctors of optometry (ODs) in Canada.

Doctors of Optometry are independent primary health care providers and represent the front line of vision health. The eye health and good vision of the public are the prime responsibilities of Canada's Doctors of Optometry, where ODs provide almost 90% of primary eye care across Canada.

AFN-FNIHB Joint Review of the Non-Insured Health Benefits (NIHB) Program

CAO's CEO and optometric staff have met with NIHB staff over the past several years to discuss administrative issues and streamline processes. We welcome the opportunity to make this formal submission for the AFN-FNIHB Joint Review of the Non-Insured Health Benefits (NIHB) Program. The Association's comments are made in support of the objectives of this review, which are to enhance client access to benefits; identify and address gaps in benefits; streamline service delivery to be more responsive to client needs; and increase program efficiencies.

Individual optometrists have also been encouraged to submit comments.

Eye Health and Vision Care Benefit

The CAO's input pertains to the Eye Health and Vision Care Benefit. The main areas of concern identified by optometrists regarding the NIHB for eye health and vision care relate to: process, policy, and communications.

Process challenges

One of the primary process challenges optometrists face is the **claim pre-approval process and wait times for product approval**. Since all client benefits require prior approval by NIHB, many doctors of optometry report concerns with long delays and an inefficient approval process that results in delaying medical services to clients or extending the time for standard services. ODs are often connected to an automated call



centre system that leaves users on hold for 20 minutes or more, and then gives the option of leaving a message or sending a fax.

Related issues include:

- OD calls are not returned; some providers report limited success with faxes
- NIHB regional offices appear to be chronically understaffed
- The system is cumbersome and requires back and forth communication relating to the client number and the program
- The approval of fees is often delayed, and no response is received before the client arrives. Providers are then unsure whether or not to bill the client directly
- In order to be paid, ODs are sometimes asked to provide NIHB with information on other plan coverage. This is not the responsibility or domain of the optometrist.

To address these issues, the CAO suggests:

- Implement a simplified, computer-based system for claims approval.
- Pre-authorize and approve eye examinations prior to the client arriving at the clinic.

Another challenge pertains to **the batch system of payment**. As a result of Health Canada's centralized payment processing, NIHB payments to providers are processed in batches and no information accompanies the payment (no client names or reference information). This makes it difficult for the optometrist's office to reconcile the payment.

To address this, the CAO suggests:

- Identify client names or numbers on the batch payment statement, if that system continues.

The **delay of payments to providers** is also a significant issue. Even with pre-approval, payments are often slow for both eye exam services and products provided. Delays in payment cause difficulties for providers' day-to-day business operations of their clinics. It is difficult to maintain a low level of accounts receivable, and extra staff resources are often required to track the outstanding accounts.

We understand that vision will become part of the overall NIHB e-claims process in the next review.



The CAO suggests:

- Discussions with CAO around integrating vision into the e-claims process. The new system may remedy some of the current challenges and CAO looks forward to being part of the discussions, especially with regard to standardization, prior approvals, and adjudication.
- In the interim, enhance the current system to allow prompt payment to the provider after the service or product has been rendered to an eligible NIHB client.

Policy Challenges

Technological, medical, and practice advancements have rendered the **coverage** provided for eye examinations and optical products outdated and often inadequate. Similarly, the remuneration for ODs should be brought in line with current market rates.

Given the high cost of vision loss – and the staggering effects it has on individuals, families, and productivity – optometrists’ primary eye services are essential. Consider the following:ⁱ

- The annual cost of vision loss in Canada is estimated to be \$19.1 billion, including \$11 billion in direct health costs and \$8.1 billion in indirect costs.
- Vision loss costs Canada’s economy more than diabetes, cancer, and musculoskeletal diseases combined.
- Without action, the cost of vision loss in Canada could increase to \$24.6 billion per year in the next decade.

Eye health and vision care benefits should be enhanced and simplified for all clients under the Non-Insured Health Benefits Program. Vision loss is the most feared disability and most vision loss can be prevented through regular visits with a doctor of optometry. Effectively managing resources will help ensure high quality patient-centered care. Comprehensive eye exams do more than test vision – they can detect a number of potentially sight threatening health conditions such as diabetes, thyroid disease and high blood pressure.

While the incidence of diabetes is increasing across the country, Aboriginal Canadians are at a much higher risk of diabetes than other Canadians.ⁱⁱ Today, twenty percent of the Canadian Aboriginal population lives with diabetes, a number that has doubled in the last two decades, most likely due to environmental (nutrition and lifestyle) factors.ⁱⁱⁱ



If diabetes is not properly managed, there is an increased risk of diabetic retinopathy which can lead to vision loss.^{iv}

The CAO suggests:

- Engage with the CAO and optometrists to update the framework and national policies for NIHB eye and vision care benefits. The existing framework falls short of current standards of practice across Canada and does not provide the quality of care that patients require.
- Review the vision benefits provided in light of patient needs. A full discussion around these needs is required. Several examples are offered here: i) Lenses- In today's technology-driven workplace, coverage for trifocal or progressive addition lenses is becoming increasingly necessary. For children, polycarbonate or trivex lenses are much safer options than the plastic currently approved. ii) Eye exams- coverage for corrective devices is only approved for prescriptions issued following an eye exam within the past year, however NIHB covers an eye examination only every 2 years requiring patients to pay out-of-pocket for examinations.
- Review vision benefits provided in light of the new diagnostics and treatment technology available. For example, imaging technology such as retinal photos and optical coherence tomography (OCT) are essential to providing high quality comprehensive eye care to patients with certain eye conditions such as diabetes, glaucoma, and age related macular degeneration.
- Enhance OD remuneration for services rendered and products provided.
- Consider ways that the national office (HQ) could play an enhanced role in facilitating coordination and communication across regions.

Communications

Another area for attention is **communications**. Communication with NIHB, national and regional offices, as well as national health care organizations should be strengthened to ensure adequate support to providers and quality care to First Nations clients.

The CAO suggests:



- Address communication barriers and establish the infrastructure to support effective communications between NIHB, optometry providers, national and regional offices, and clients.
- Carry out more frequent and regular meetings between NIHB and CAO/provincial optometric associations to keep the lines of communication open and advance the agenda of quality vision care for patients.

Thank you for the opportunity to make this submission to the AFN-FNIHB Joint Review of the Non-Insured Health Benefits Program. The CAO is dedicated to collaboratively advancing the highest standard of primary eye care through the promotion of optimal vision and eye health, in partnership with all Canadians. We trust the input provided here will initiate further discussion and ensure that a patient-centered, cost effective, collaborative and accessible model of eye care delivery is available in Indigenous communities across the country.

Please contact Tracy Murphy, Director of Policy and Research at the Canadian Association of Optometrists (tmurphy@opto.ca) with any questions regarding this submission.

ⁱ CNIB. 2012. The Cost of Vision Loss in Canada

ⁱⁱ Canadian Diabetes Association. Diabetes in the Aboriginal Community. Accessed online July 11, 2016 at: <http://www.diabetes.ca/diabetes-and-you/healthy-living-resources/multicultural-resources/diabetes-in-the-aboriginal-community>

ⁱⁱⁱ Chris, Paul, Diabetes and Aboriginal vision health. Canadian Journal of Optometry 2010; 72(4): 8-16.

^{iv} CNIB. Insight E-Newsletter, November 2012. What World Diabetes Day Means to Canadians with Vision Loss. Accessed online July 11, 2016 at: <http://www.cnib.ca/en/about/Publications/newsletters/Insight/November2012/Pages/default.aspx>