



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

Canadian Association of Optometrists Submission
to the House of Commons Standing Committee on Health's study
A Briefing on the Canadian Response to the Coronavirus

Canadian Association of Optometrists

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Executive Summary

Over the last five years, the Canadian Association of Optometrists (CAO) has advocated for the need for collective attention by governments for the delivery of equitable, accessible eye health and vision care. The lack of a coordinated system of primary eye health and vision care was especially apparent during the COVID-19 pandemic, which dramatically reduced the ability of optometrists to provide this care to Canadians. Vision issues touch all Canadians, with 6 in 10 reporting having had a vision problemⁱ. Of these, almost one million Canadians have missed work, or school or had their performance affected because of vision problemsⁱⁱ. Optometrists are adapting to the new post-COVID 19 reality, and CAO is committed to working with the Government of Canada and other stakeholders on the equitable, accessible and sustainable delivery of care for all Canadians.

COVID-19 significantly constrained optometrists' ability to practice as health care practitioners and as the owners or employees of a small businesses. Many optometrists across the country are struggling to re-open their practices. A crisis already existed in eye health and vision care prior to the Coronavirus pandemic in Canada. COVID 19 only exacerbated the situation.

Our submission provides our perspectives on better access to optometric services during a crisis, right care at the right time by the right health care professional, pandemic preparedness and how best to meet the specialized requirements of our vulnerable populations. We also offer commentary on the mental health challenges experienced by optometrists caused by the pandemic.

The Canadian Association of Optometrists is the national voice of optometry in Canada. Dedicated to collaboratively advancing the highest standard of primary eye care through the promotion of optimal vision and eye health, we represent more than 5,000 doctors of optometry (ODs) and 400 optometry students across the country. Optometrists are independent primary health care specialists who provide nearly 90% of primary eye care in Canada.

We have an opportunity to ensure that comprehensive eye health and vision care be included as an integral component of health care delivery from birth. 75% of vision loss can be treated or prevented, which means that early detection and treatment can improve population health and help circumvent costlier treatment and interventionⁱⁱⁱ.

Better Access

The COVID-19 pandemic has highlighted some serious faults in the Canadian health and long-term care systems. The most visible manifestation was the large number of outbreaks and deaths among Canadian seniors in long-term care facilities. This, however, is not the only healthcare shortcoming that was exacerbated by the pandemic. The pandemic and the ensuing lockdown have disproportionately affected the most disadvantaged and vulnerable members of Canadian society – the elderly, indigenous people, those living in remote and rural communities and the poor. What the pandemic and the ensuing lockdown did was accentuate already existing disparities. Residents of long-term facilities lost access to eye health and vision care services, and so did indigenous people who live in remote and rural communities.

The Canadian Association of Optometrists strongly encourages the Standing Committee on Health to examine how the Department of Indigenous and Northern Affairs can ensure uninterrupted access to eye health and vision care for Indigenous people, not only during times of crisis, but at all times. The Canadian Association of Optometrists has extensive knowledge in this area and would be happy to work with the Government of Canada towards resolving inequities in access to eye health and vision care in Canada. We are beginning to explore how to maximize access to eye health and vision care to those living in long-term care facilities in collaboration with the Canadian Foundation of Healthcare Improvement (CFHI) and would be pleased to share the results of this work with the Committee.

The Government of Canada can support the population during the current pandemic and in the long term by:

- Developing and ensuring uninterrupted access to eye health and vision care for Canadian seniors and Indigenous people as part of regular health care services.

PANDEMIC PREPAREDNESS

Personal Protective Equipment

An issue of paramount importance is timely access to an adequate supply of personal protective equipment (PPE) at a reasonable cost. The Government of Canada, in partnership with its provincial counterparts, must look at ensuring access to PPE for all health care professionals, not just essential workers, so that non-institutional-based care delivery in other aspects of the health care system can continue. The lessons learned from COVID-19 emphasize that governments need to ensure there is enough strategic stockpile for all who need PPE, not just front-line health care workers working in

hospitals. Consideration should be given for a made-in-Canada local supply, more efficient supply chains and better coordinated distribution.

The Government of Canada can support the population during the current pandemic and in the long term by:

- Providing timely, adequate and equitable access to personal protective equipment for all health care professionals

Drug Shortages: a success story

During the early days of the Coronavirus pandemic, optometrists and other eye health professionals recognized that Canada was experiencing shortages of the drug Timolol an eye drop solution to reduce intraocular pressure used in the treatment of glaucoma. Health Canada's Drug Shortages Unit (DSU) invited CAO to provide case-specific input and ultimately declared that the shortage of Timolol met the criteria for a Tier 3 shortage, defined as a shortage with the **greatest potential impact on Canadians whereby there are no available therapeutic alternatives in Canada**. CAO commends the Government for developing a risk mitigation strategy to respond swiftly to the shortage.

However, the reality is that there have been shortages of ophthalmic drugs for many years; the pandemic merely raised the Timolol shortage to Tier 3 status. The crisis created by the pandemic facilitated the CAO and the Canadian Ophthalmological Society identifying these shortages to the Minister of Health. The response was excellent, with the addition of glaucoma drugs to the priority list of drugs in shortage and subsequent action by companies to increase Canadian supply. A seeming success story, with collaboration between HEAL, CAO, COS, the Health Minister's office, and the Federal Department of Health.

Teleoptometry in Canada

Times of crisis are also times of opportunity and innovation. With the concern about community spread of COVID-19 and the imperative for physical distancing to curb the spread of the infection, an increasing number of health professionals turned to telehealth, whereby certain diagnostic and treatment services are offered via telephone or other means of secure electronic communication.

Optometrists were advised by their respective regulatory bodies to focus only on urgent/emergent care to minimize contact with and between patients. CAO closely

examined teleoptometry as a means of ensuring continuity of vision care for patients. The CAO is supportive of optometrists using teleoptometry to provide care in situations where it is both permitted by respective provincial regulatory authorities and meets the care requirements of the patients. The CAO is exploring a number of issues related to the use of teleoptometry in practice, including the development of clinical guidelines, liability, and public and private reimbursement.

The Coronavirus pandemic accelerated the adoption of telehealth among many health care practitioners. CAO recognizes this as an opportunity to further enhance adoption of technology with practitioners and the public. We must recognize however that more funding is needed to support education, innovation, and ensure telehealth consults are remunerated by both public and private payors. In many provinces, teleoptometry is not currently reimbursable, and reimbursement rates are often set at rates less than face-to-face consults. To be sustainable, virtual care must be reasonably remunerated to ensure optometric practices remain financially viable. Policy tools such as fair and equitable billing codes and addressing the barriers to providing virtual care requires province-based licensure bodies to amend barriers which would permit optometrists to better serve their patients. In the long run, infrastructure improvements could offer sustained benefits to Canada's health care system, especially in rural, remote, and Indigenous communities.

The Government of Canada can support Canadians during the current pandemic and in the long term by:

- Supporting education and innovation to allow for better delivery of virtual care (teleoptometry) and encouraging provincial governments and insurance companies to properly fund teleoptometry.

Urgent Care/ Emergency care and the role of the OD

Throughout the Coronavirus pandemic, unless specifically prohibited by relevant provincial authorities, CAO recommended that optometrists continue to care for urgent cases, but only after screening patients for signs of upper respiratory tract infection (URTI) or recent travel history outside of Canada. This is especially important in areas where there were COVID-19 cases, so that as many patients as possible can be diverted away from hospital emergency rooms.

Urgent care cases in all provinces were seen in-clinic, but only when all safety precautions were taken to minimize or eliminate the risk of disease transmission. This included maintaining minimum distance between patients, and using all protective gear as recommended by Health Canada and/or local authorities.

Beginning on March 20, 2020, CAO and the Ontario Association of Optometrists have been collecting information about urgent vision care utilization with a focus on Ontario, the largest Canadian province. If our Ontario data is representative of the rest of the country, optometrists were able to divert 87% of urgent cases away from ophthalmologists and emergency rooms. Only 9% of urgent cases had to be referred by optometrists to emergency rooms. This achieved two very important results: 1) it significantly reduced the burden on emergency rooms, freeing them to treat COVID-19 cases and other emergencies, and 2) it significantly reduced the cost to the healthcare system, given that emergency rooms are one of the most costly components of the hospital system.

The Government of Canada can support optometrists during the current pandemic and in the long term by:

- Developing long-term financial supports (in collaboration with the provinces) to help strengthen optometric clinical practices in urgent and emergency care in anticipation of another health care crisis.

Re-opening Protocols

The CAO noticed a lack of consistency of re-opening protocols from province to province. CAO would support the development of a consistent pan Canadian/national approach to re-opening protocols, where best practices could be developed and adopted across the country. The development of standardized practices in the wake of what we have learned through this crisis, could alleviate confusion and frustration from the public, health care professionals and government.

The Government of Canada can support optometrists during the current pandemic and in the long term by:

- Working with the provinces to coordinate the development of common protocols to help prepare and support optometric clinical practices for the next phase of COVID-19 and potential future health care crises.

Mental Health of all health care workers

There needs to be some acknowledgment of the toll the pandemic took on the mental health of all health care workers, including optometrists. Incredible uncertainty, long

periods of inaction and financial duress resulted in significant mental strain within the optometric profession.

Although necessary, mandatory isolation orders have closed clinics, and ceased real human contact for months. Our front-line health care professionals are burnt out, small businesses are closing, and parents are understandably fatigued. The pandemic has made life difficult even for those without mental illness. In some cases, for those who were already struggling with their mental health, things have worsened.

The Government of Canada can support optometrists during the current pandemic and in the long term by:

- Recognizing and supporting the mental health needs of optometrists and other health care providers and working with the provinces to improve funding of mental health care. The concept of mental health parity with physical health should be embraced by all governments.

In closing, CAO welcomes an opportunity to contribute to a federal/provincial pandemic preparedness planning process, as recommended by the World Health Organization.

CAO is well positioned to assist in preparational and situational analysis, the development or updating of a concrete national plan, as well as evaluating, finalizing, and assisting with disseminating a pandemic preparedness plan to optometrists across the country.

We look forward to working with the Government of Canada throughout this difficult time, and to support our membership in their ongoing provision of optimal eye health and vision care for all Canadians in a safe and healthy environment.

Recommendations

The Government of Canada can support the population during the current pandemic and in the long term by:

- Developing and ensuring uninterrupted access to eye health and vision care for Canadian seniors and Indigenous people as part of regular health care services.
- Providing timely, adequate and equitable access to personal protective equipment for all health care professionals
- Supporting education and innovation to allow for better delivery of virtual care (teleoptometry) and encouraging provincial governments and insurance companies to properly fund teleoptometry.

The Government of Canada can support optometrists during the current pandemic and in the long term by:

- Developing long-term financial supports (in collaboration with the provinces) to help strengthen and boost optometric clinical practices in urgent and emergency care in anticipation of another health care crisis.
- Working with the provinces to coordinate the development of common protocols to help prepare and support optometric clinical practices for the next phase of COVID-19 and potential future health care crises.
- Recognizing and supporting the mental health needs of optometrists and other health care providers and working with the provinces to improve funding of mental health care. The concept of mental health parity with physical health should be embraced by all governments.

About the Canadian Association of Optometrists

The Canadian Association of Optometrists (CAO) is the national voice of optometry, dedicated to collaboratively advancing the highest standard of primary eye care through the promotion of optimal vision and eye health. For further information, please contact Laurèl Craib-Laurin, Senior Manager of Government and Stakeholder Relations at (613) 235-7924, x214 or at lcraib@opto.ca

References

ⁱ Nanos Research. March 2016. Vision issues are far reaching to Canadians. Submitted by Nanos Research to the Canadian Association of Optometrists. (Submission 2016-778)

ⁱⁱ Nanos Research. March 2016. Vision issues are far reaching to Canadians. Submitted by Nanos Research to the Canadian Association of Optometrists. (Submission 2016-778)

ⁱⁱⁱ CNIB. Seeing Beyond Vision Loss. Accessed November 7, 2016 at: <http://www.cnib.ca/en/your-eyes/Pages/default.aspx>