



Submission by
The OMA's Section on General & Family Practice

FAMILY PRACTICE AND EYE CARE

November 18, 2009

Eye care is an integral part of family practice: patients come to us on a regular basis regarding various complaints about the eye – both major and minor. We are able to address most of these, but among them are events that require more specialized care. We turn then to our colleagues in eye care. It is vital to good patient care that our direct access to ophthalmology services is preserved, when changes are contemplated in the primary eye care system.

There are conditions that require urgent care. For instance, a retinal detachment must be addressed within 72 hours to preserve eyesight. This often requires 3 steps: an eye consult, a tertiary referral to a retinal surgeon who then books, urgently, the required procedure. Any delay in this sequence is deleterious to the patient. Therefore urgent access to ophthalmologic consults is, for us, sine qua non.

The treatment of glaucoma has its own pitfalls. The kind of glaucoma must be recognized and surgical and or medical treatment instituted. The medications used can have side-effects such as aggravation of asthma and potential toxicity to the eye itself. Some of the medications that are used for other problems exacerbate glaucoma. Conclusion: as family doctors we must know if the patient has glaucoma (the patient can't always tell us and can't tell us what his drops are); we are more confident in a diagnosis and treatment plan from a physician who has specialized in this area.

In certain circumstances, communications between the optometrist and ophthalmologist, in either direction, should go to the family doctor. While normal examinations or simple refractions need not be communicated, a disease diagnosis should be communicated to the family doctor. At present there is generally not much communication between optometrists and family doctors.

Anyone can be trained to do anything, at a certain level of competency. The margin of safety is best with those who have the most training and experience. Are the optometrists about to undertake more medical training? How much medical training do they have? Your paper does not refer to family practice ophthalmologists – they can play a useful role especially in the area where medicine and refraction meet.

There is concern about conflict of interest and perverse financial incentives. As it stands, an optometrist or an ophthalmologist receive payment on the private side for refraction of a healthy pair of eyes and are paid more than an ophthalmologist consulting on a diseased eye. Cataracts are also far more remunerative than care of diseased eyes. The respective balance of incentives could be improved. As discussed during our consultation, the Section

on General & Family Practice strongly recommends that a universal set of conflict of interest guidelines be established for all health professions.

Ophthalmologists, optometrists and opticians do work together in our communities in various arrangements. Are there problems with this? We should be made aware of these problems if we are to comment on them.

We respect all the health workers in our communities, working within their competencies. There has been collaboration between family doctors and other health care providers for many years. We expect this to continue. There is suggestion that the levels of competence are changing – we are interested in seeing the evidence to substantiate this. Each one of us is interested in securing the best possible outcome for each one of our patients. We trust this interaction will help to achieve this end.

To help the eye care industry function more smoothly, it is strongly recommended that the province strive toward the creation of an eye care Council, which includes all health care professionals who contribute to routine screening and treatment of diseases of the eye.

Having a province wide electronic health record would also aid in the smooth flow of information between health care and also eye care professionals. Clear guidelines should be established to outline when referrals are appropriate between healthcare professionals.

Establishment of standardized rules regarding the content and management of a health-care record should be encouraged across all health professions.

Once again, we appreciate the invitation to attend and participate in the HPRAC consultation on eye care in Ontario. We trust that this submission will assist in developing legislation and policy in this healthcare sector.

Respectfully submitted,



David Bridgeo, M.D.
Chair

Cc: Dr. Jan Lusic, Chair, SGFP Health Policy Committee
Ms. Ada Maxwell, Senior Policy Advisor, OMA Health Policy