



Fostering Collaborative Vision Care in Canada

CONSENSUS FROM ROUNDTABLE

CONTRIBUTORS

Glenn Campbell, Executive Director, CAO

Ottawa, Ontario

Robert Dalton, Optician, Executive Director, OAC

Winnipeg, Manitoba

Gilbert Fortier, O.D.

Granby, Quebec

Christine Preece, Health Promotion Advocate

London, Ontario

Wael Yassein, Optician

Oshawa, Ontario



During a routine visit, a patient will interact with several ECPs.

Need for Collaborative Care

During a routine vision appointment, a typical patient interacts with several people. For example, a patient may speak with a receptionist to sign in, make payments or schedule a follow-up appointment; another staff member for pre-exam tests or screenings; an optometrist or ophthalmologist for the actual eye exam; and an optician to select eyewear. The same patient may schedule a separate appointment with another eyecare professional for problems experienced at a different point in the year. Additionally, if the patient has an overall health issue that can impact eye health – such as diabetes and hypertension – he or she may also schedule appointments with general health professionals or specialists.

As more and more health professionals become involved in the equation, it can be increasingly difficult to ensure quality care – especially when messages or treatment plans are conflicting. In order to provide continuous, effective care around the patient, it is essential for all vision and health professionals to work together toward the best possible experience for the patient.

Collaborative care can be extremely beneficial to patients – who are able to receive more comprehensive care – and also to eyecare professionals – who have a better knowledge foundation to improve patient care and, subsequently, patient satisfaction and retention. Furthermore, collaborative care can help to break down patient misperceptions and confusion about the roles of the “three O’s” (opticians, optometrists and ophthalmologists), which can make it even more challenging for eyecare professionals to provide quality care.

Despite the overlying benefits, the concept of collaborative care is not as widely practiced in Canada as it could be. Recognizing the benefits of collaborative care for both patients and professionals, Transitions Optical, Inc. hosted a roundtable event focused on this topic on April 24, 2012 in Toronto, Ontario. The event – Fostering Collaborative Vision Care in Canada – included a panel of eyecare and general health professionals who have experienced success in collaborative care, as well as representatives from the Opticians Association of Canada and the Canadian Association of Optometrists. Representatives from the

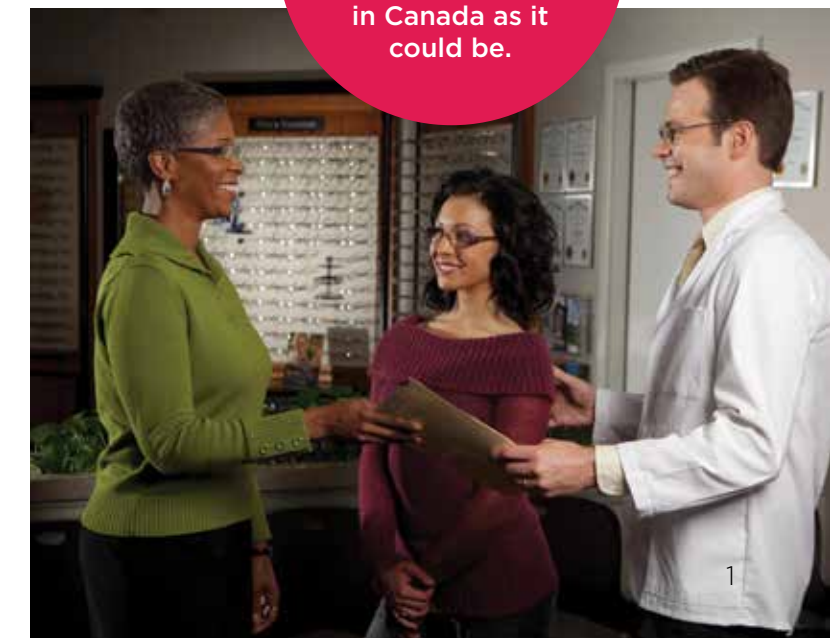
Canadian Ophthalmological Society, as well as several individual ophthalmologists, were invited to participate, but were not able to do so due to schedule conflicts.

During the roundtable, participants identified barriers to collaborative vision care and offered strategies for improving collaboration among different types of eyecare professionals and between eyecare and general health professionals. Discussions centered on tips for individual practitioners to pursue more collaborative care and ways that industry associations and organizations can support them.

This consensus paper overviews the content presented during the roundtable and captures subsequent discussions. After reading this consensus paper, you will have a better understanding of:

- 1. Canadian perceptions of eyecare professionals and collaborative care.**
- 2. The importance and benefits of collaborative vision care.**
- 3. Strategies to implement a more collaborative model at both the individual practitioner and industry levels.**

Despite the benefits, collaborative care is not as widely practiced in Canada as it could be.



Consumer Research Shows the Need

Suspensions that consumers are confused about the different roles eyecare professionals play, and that they are skeptical of the sales side of the optical profession, prompted Transitions Optical to explore these issues and better understand the implications for patient trust and purchasing habits.



Transitions Optical initiated a national survey, conducted by Ipsos Reid in January 2012, asking more than 1,000 Canadian consumers about their perceptions of eyecare professionals and collaborative care, as well as their purchasing habits. The results were compelling in reinforcing the need to address collaborative care in Canada.

The survey confirmed that misperceptions about eyecare professionals are quite common, and that they do have an impact on patient satisfaction and loyalty. While a slight majority of consumers (53 percent) agree that eyecare professionals have their best interests at heart, the survey revealed that eyecare professionals are more commonly viewed as business people than as health professionals. Additionally, nearly one in five consumers is outright skeptical of his or her eyecare professional and believes eyecare professionals would potentially say that their patient's vision had changed just to sell eyeglasses or contacts. [See Table 1]

These negative perceptions can have a big impact on patient loyalty. In fact, when asked why they have or would switch eyecare professionals, other than finding a more convenient location, the main reason was the eyecare professional not having their best interest at heart.

37% of Canadians say they have or would switch eyecare professionals who didn't have their best interest at heart.

Table 1: Perceptions of eyecare professionals

Prompted	Eyecare Professional	Ophthalmologist	Optometrist	Optician
Have patient's best interest at heart	53%	66%	60%	30%
Care about their patients personally	45%	55%	53%	26%
Are business people	44%	26%	37%	68%
Are qualified, health professionals	40%	79%	66%	20%
Would tell me vision has changed, to sell me eyeglasses or contacts	19%	9%	21%	39%
Do not have their patient's best interest at heart	15%	10%	11%	27%
None of the above	14%	9%	9%	9%



Poor Understanding of Eyecare Professional Roles

The survey results showed that consumers don't understand different eyecare professional roles, with only 41 percent saying they felt they had a good understanding of what each of the three main types of eyecare professionals does. Even these more "knowledgeable" consumers may have been giving themselves too much credit, considering some of the poor understanding the survey revealed of each profession.

Opticians are the most negatively viewed by Canadians. Most consumers (80 percent) accurately described the role of an optician as primarily dispensing/selling eyewear. However, some may have been confusing their optician with other eyecare professionals, given that nearly half thought opticians were able to assess the eye and vision system and diagnose vision problems and disorders. Of all the optical professionals, opticians were most highly associated as business people (68 percent) and were the most negatively viewed, with 27 percent believing that opticians do not have their patients' best interest at heart.

Optometrists received better perceptions overall, however, the full scope of the value they bring to their patients was not well understood. Most consumers accurately described the role of an optometrist as checking eyesight (84 percent) and writing prescriptions for eyeglasses and contacts, however, between 35-40 percent failed to recognize the role

of optometrists in promoting overall health, as well as correcting their vision. Additionally, most consumers (67 percent) underestimated the amount of education needed to become an optometrist, reinforcing the need for education. If consumers understand the higher qualifications of optometrists, it may help with the perception of the profession.

The role of **ophthalmologists** was fairly well-understood, with 85 percent of consumers accurately describing these professionals as able to perform surgery and 77 percent agreeing they can prescribe and administer medications. Less than three fourths, however, recognized ophthalmologists as medical eye doctors that specialize in eye and vision care. This may indicate low awareness that ophthalmologists are, indeed, full medical doctors. Additionally, less than half realized that becoming an ophthalmologist requires approximately 12 years of post-secondary education (including internship/residency). By making these requirements known, the optical industry can help to elevate the role of the ophthalmologist.

Knowledge of Eyewear

In the survey, Canadians who reported purchasing higher-end eyewear (lenses with at least one upgrade) were more likely to believe they had a better understanding of what the roles of eyecare professionals are. This implies that eyecare professionals who take the time to educate their patients on eyewear options and the value that they bring are also taking the time to create a better understanding of what they offer as a profession. It also reinforces that taking the time for education - on products or the profession - is good for business.

Nearly all consumers (95 percent) said it was important for their eyecare professional to be knowledgeable about the latest eyewear technologies, confirming that consumers rely on their eyecare professionals to educate them on their eyewear options, and expect them to have the latest information.



Preference for More Collaborative Care

Finally, the research revealed a strong preference among Canadian consumers for more collaborative care. Almost all said that information sharing among eyecare professionals was important to them, with more than half saying it was extremely important for eyecare professionals to communicate with and share diagnoses/treatment recommendations with any other eyecare professionals they have seen or may see.

Additionally, 90 percent of consumers said it was important for their primary physician or other health specialist to have access to their eye health records.

Beyond communication, the convenience of close proximity between eyecare professionals was also noted in the survey results, with a full 60 percent of consumers saying it was important for an eyecare practice to have all three main types of eyecare professionals working there.

How Eyecare and General Health Professionals Play a Role in Collaborative Care

This section overviews the content presented during individual presentations at the roundtable.

Role of Eyecare Professionals in Collaborative Care – Opticians

In the survey conducted by Transitions Optical, 95 percent of Canadians said it was important for their eyecare professional to be knowledgeable about the latest eyewear technologies. Opticians serve on the front-line of consumer education. It's their responsibility to educate both the consumer and doctors on the various lens options available – explaining why one lens is better than another – to help ensure the best patient recommendations are made.

In practices that have already implemented a collaborative model, it is not uncommon for an optometrist or ophthalmologist to call the optician and ask for recommendations while the patient is in the chair. This not only shows open communication between the eyecare professionals, but also saves the patient time.

For example, an ophthalmologist or an optometrist may call and ask if it's advisable to use a specific lens with a specific prescription, because the doctor isn't sure if the patient will adjust well. The optician can advise on whether he or she thinks it will work and, if so, also enhance comfort levels by offering to replace the lens with another option if the patient tries it and doesn't like it.

Opticians who engage in collaborative care can also benefit patients by providing them quicker referrals. If a patient is having a particular problem and needs to get in to see the optometrist or ophthalmologist immediately, the optician can help speed up the process by taking advantage of his or her established relationship with the eye doctor and by providing a referral. Of course, this situation applies to emergency situations only, and not to regular eye health check-ups.

Satisfied patients lead to repeat visits and recommendations to family members and friends. Repeat visits or treating several patients from the same family is not only good for business – it promotes better care for the patient. For example, because many eye health issues are hereditary, opticians can often offer “educated guesses” on eye health issues that a new family member may face based on experience with the other family members.

Collaborative care also helps to avoid wasted chair time – a pet peeve of most ophthalmologists and optometrists. A patient can have the perfect prescription, but still see poorly because of a lens design not suited for his or her prescription. It is also possible for a prescription to be accurate, and for a patient to see well while still in the chair, but for the patient to have trouble seeing with his or her actual glasses because of accommodation issues to the new prescription or lens design. No doctor wants to provide an accurate prescription only to have a patient come back complaining that the prescription is wrong, when really he or she is having a bad experience with an outdated or poor lens design, or with adaptation problems because of too much change too fast. Encouraging the patient to get the best lens and relying on trusted opticians to provide these recommendations can avoid unnecessary prescription re-checks. The optician can also advise on designs that are less likely to cause adaptation issues and can help the patient understand if some adaptation time may be needed.

A Need for Education

Less understanding of what value the professions bring is contributing to poor perceptions of the three O's and of opticians in particular. Canadians don't view opticians in a good light; they have the poorest perception and most skepticism among consumers, with 39 percent believing their optician would say their vision changed just to sell eyeglasses or contacts. This statistic also reinforces that consumers may be confused about the role of their opticians, since in most cases it is the ophthalmologist or optometrist – not the optician – who actually writes the eyeglass prescription.

Still, opticians can play a role in educating consumers that can help address this negative perception. A patient may question a new prescription when it only changes slightly; however that small change can be

Spotlight on Asian Canadians

Asian Canadians are the largest minority demographic group in Canada, and their numbers continue to grow, which makes understanding their perceptions of eyecare professionals especially important for practitioners needing to address this growing population.

Unfortunately, Transitions Optical's Ipsos Reid survey revealed that Asian Canadians have a less favorable view of eyecare professionals than the general population. They are more likely to think that eyecare professionals would tell patients that their vision has changed just to sell them new eyeglasses or contacts. Additionally, they are less likely to believe eyecare professionals care about their patients personally. This can really hurt business, given that survey results showed Asian Canadians are more likely to switch eyecare professionals more frequently than the general population, with not believing that their eye doctor has their best interest at heart cited as a more common reason. From a business perspective, losing Asian Canadian patients represents significant lost sales potential, given that Asian Canadians are much more likely to purchase premium eyewear (42 percent vs. 29 percent) and are more than twice as likely to buy more than one pair (25 percent vs. 13 percent).

Practicing in a more collaborative model may help to attract and retain Asian Canadian patients. Nearly all Asian Canadians find it more important for eyecare professionals to share diagnosis/treatment recommendations with other eyecare professionals, as well as with general health professionals and other health specialists they may see. Additionally, the Asian Canadian population finds it more important for eyecare professionals to understand/have access to their complete medical history, and expresses a stronger preference to have all three main types of eyecare professionals practicing in one location. This is an indication that eyecare professionals should put an emphasis on collaborative care when marketing to this demographic.

Eyecare professionals may also want to take a bit more time with Asian Canadian patients to explain the role of each professional that will be seen during their visit. Survey results found that Asian Canadians were consistently less knowledgeable about the roles of eyecare professionals than the general population, which makes sense, especially among first generation immigrants who may be coming from countries where practices differ.



Collaborative care can lead to quicker referrals, for better care and more satisfied patients.

95% of Canadians want their eyecare professionals to be knowledgeable about the latest eyewear technologies.

very significant. Patients don't say that they want to see "pretty well" – they want to see the best they can. It's also important for the lens technology to be current. Consider that even if the prescription does not change, it can still be beneficial to purchase new eyewear if a better lens design is available. Lens design can make a huge impact on quality of vision; with the exact same prescription, a patient may see much better with new glasses. The latest lens technology should always be recommended, to ensure patients can see as well as possible. Clearly explaining these considerations to patients could help dissuade any suspicions that recommendations for new eyewear are motivated by profit, rather than to truly help the patient achieve the best vision.

Another way to keep patients from believing they are being "led" to purchase eyewear is not to have the ophthalmologist or optometrist push the patient to buy from a related dispensary; instead, the doctor should recommend that the patient get the best visual solution possible.

Often patients will still choose to shop at a related or nearby dispensary, allowing the optician to provide education on the latest eyewear technologies available and reinforce that the patient is, indeed, getting the best lenses. In some cases, in which the ophthalmologist or optometrist does not employ an optician nor have a referral relationship with a nearby optician, the patient may be served by the optician's assistant.



Tip: Help Doctors Experience New Lens Technology

One of the most effective ways an optician can help an eye doctor to learn about new lens technology is to recommend specific lenses for the ophthalmologist or optometrist to try themselves. For eye doctors who like to ski, for example, a new anti-fog lens could be recommended. A natural lens choice for many doctors to try is a computer lens. These lenses help to clarify the focus of intermediate elements, such as a computer screen, and up to three meters away – the same length as the refracting lane. Eye doctors who try out the lenses for themselves can more confidently recommend them to patients as a smart choice.

In the case where a doctor may view the eyewear as a gift, it may not be accepted. An excellent alternative is to offer to educate the doctor and his or her staff on the latest developments in lens technology.

Role of Eyecare Professionals in Collaborative Care – Optometrists

Similar to how opticians serve on the front line of consumer education for lens options, optometrists serve on the front line of patient care for their overall eye health. Optometrists conduct the vast majority of eye exams in Canada. In the survey conducted by Transitions Optical, nearly three out of four Canadians said they communicated with an optometrist during their last appointment, while only 18 percent communicated with an ophthalmologist. This may be because patients often have quicker access to optometrists than ophthalmologists, who have a wait time that can sometimes be as long as nine months. In some areas of Canada, vision care services are unbundled, so the optician can provide the refraction, while the eye health check is performed by the optometrist or ophthalmologist. Even in these cases, the optometrists (or ophthalmologists) would have more medical expertise, so are still often the primary care provider from a disease detection standpoint.

In general terms, the role of an optometrist is to conduct an eye exam, detect eye disease and write prescriptions. Except in regions of Canada where opticians perform refractions, the primary role of the opticians is to fill the prescriptions (as well as know how to fit and adjust eyewear), while ophthalmologists provide deeper expertise into treating and managing eye disease. With these very broad descriptions, it is evident that optometrists complement opticians and ophthalmologists – working collaboratively with ophthalmologists on disease detection and management, and with opticians on treatment through eyewear.

Despite these synergies, historically, the three professionals have not taken advantage of opportunities to work together. In the past, it was common for many optometrists to keep the selling of eyewear to themselves without a licensed optician. However, over time, many optometrists realized the benefits of hiring opticians, since they already have the proper training for the job and typically know significantly more about lens technology than the optometrist. Previously, there was also a clear line between ophthalmologists and optometrists, with little to no collaboration between the groups. Today, we see all three groups working together on the patient's behalf. The complementary scopes of practice among the "three O's" can be viewed as an opportunity for better access to vision health care for patients across services provided by these professionals.

Working collaboratively with opticians and ophthalmologists can be more efficient for patients. Fewer appointments may be needed if optometrists can get advice from an optician or ophthalmologist by sending a text message or email for a quick thought on patient care. This allows for a faster diagnosis and treatment, saving the patient time and sometimes even suffering.

A collaborative model also provides learning opportunities for all eyecare professionals. Specifically, optometrists can learn about eye disease from ophthalmologists and the latest lens technology from opticians.

Role of Optical Associations in Collaborative Care

National and provincial optical associations play an important role in promoting collaborative care, both by directing members on collaborative practices and by working together with other optical associations to promote the collective goals of all optical professionals. While different points-of-view and disagreement on certain issues can block collaboration, there are many examples of successfully working together for the overall good of patient care. Some examples given during the roundtable include:

- Worldwide optical missions in third world and underdeveloped countries, which utilize collaboration among opticians, optometrists, ophthalmologists and general physicians.

- Referrals within the vision care system between the three O's, which help ensure patients with emergency situations are never left waiting for care.

Roundtable participants agreed that there were certain areas of common ground, which all three professions could agree upon. Working together to further these goals can provide valuable stepping stones toward improved collaboration between groups. A recent example validating this is the way the three professionals came together to advocate on a collective basis for the passing of Bill C-313, which would regulate cosmetic or decorative contact lenses as medical devices. Another example is the working group in Nova Scotia, involving optometry, ophthalmology, family physicians and government. The working group tackles care within the publically funded health system. There are other smaller examples of collaboration involving optometry, opticianry and others, including on Canadian Standards Association (CSA) standards and electronic data standards.

During the roundtable, participants identified top common goals between the professions, including:

- Illegal practice
- Cosmetic contact lenses
- Illegal internet dispensing
- International standards for vision care

Uveitis Case Study

Uveitis is a disease that is often misdiagnosed by primary care physicians as conjunctivitis. This is probably due to insufficient knowledge regarding certain eye diseases, or inadequate equipment used to observe the eye. Following the conjunctivitis diagnosis, patients are given antibiotics, instead of the needed steroid treatment, and sent home. The antibiotics are ineffective, so patients return in a few days, in terrible pain, and are then usually referred to an ophthalmologist. Because of the problem with misdiagnosis, many ophthalmologists are reluctant to encourage optometrists to diagnose and treat uveitis, and instead tell them to refer all patients to ophthalmologists when they have possible symptoms. The problem is that the patient usually experiences terrible pain while waiting – often a long time – to get seen.

Through the years, by collaborating with ophthalmologists, optometrists have learned to make a more accurate diagnosis and initiate the correct steroid treatment so patients can enjoy greater comfort while waiting for a follow-up appointment with their ophthalmologist.

If trust is established over the years between the ophthalmologist and optometrist, the ophthalmologist will have confidence that the optometrist is making the right diagnosis and will become comfortable with him or her prescribing the right treatment for the patient sooner.

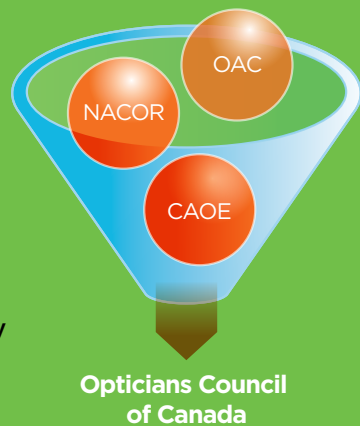


Finally, eyecare professionals from the different professions have worked together to contribute to working groups and coalitions advocating on behalf of the industry. In the late 90s, the National Coalition for Vision Health (NCVH) emerged, following the National Consultation on the Crisis in Vision Loss, organized by the Canadian National Institute for the Blind (CNIB). This was the first time the eyecare groups sat at the same table to find common goals and to advocate on a collective basis. While the NCVH still exists, it is hindered by lack of funding and resources. Since then, the professionals have contributed collectively to other advocacy groups, including Vision 2020 Canada, which is striving to eliminate avoidable vision loss by the year 2020. The Eye Health Council of Ontario (ECHO) is a newer group, modeled somewhat on the Nova Scotia working group, which could prove to be an effective forum for collaboration in Ontario.

There are many trends indicating an increased need for collaboration in the future. With changes in regulation, optometrists will have greater freedoms to collaborate than in the past. Public models through provincial governments are encouraging collaborative models of practice with groups of professionals working together, and eye care is likely to be included at some point. There will also be more eyecare centers with the three "O's" working together, with issues around professional independence, ownership and who does what.

Spotlight on the Opticians Council of Canada

Even within one of the three O's there is not just one organization that influences the professional, but a combination of regulators, associations and teaching institutions. In Canada, the Opticians Council of Canada was formed as a framework for collaboration between these groups, consisting of the Optician Association of Canada, the Canadian Association of Opticianry Educators and the National Association of Canadian Opticianry Regulators.



Collaboration with General Health Professionals

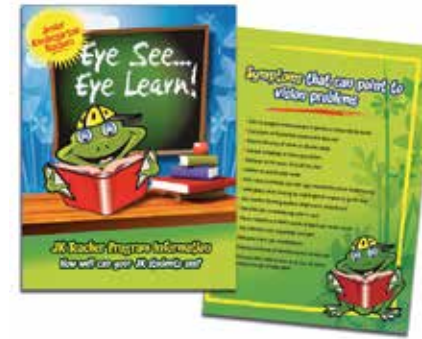
As previously mentioned, the research conducted by Transitions Optical indicated that Canadian consumers want their general health professionals and eyecare professionals to work collaboratively to promote their eye and overall health.

Across Canada, there is growing recognition of the need for interdisciplinary collaboration. Universities have established several programs to promote collaboration very early on among several health professions. Examples include:

- The Centre for Interprofessional Education (IPE) University of Toronto work includes: dentistry, medicine, nursing, pharmacy, physical therapy, occupational therapy, physician assistant, social work and speech-language pathology.
- Georgian College's interprofessional work includes opticians, paramedics, dental hygiene, nursing and dental assisting programs.
- The University of British Columbia has its Competency Framework for Interprofessional Collaboration & Assessment and Management of Pain research, which addresses medicine, nursing physical therapy, occupational therapy, social work and pharmacy. It is a program aimed at interprofessional collaboration and assessment.

Historically, comprehensive vision care hasn't been as fully integrated into the public health system as it could be, which is contributing to gaps between groups. For example, eyecare professionals are often not represented as part of Family Health Teams, even though other professionals beyond general MDs are often included, such as physiotherapists, dentists and even chiropractors. As such, eye care is not as top-of-mind as it could be even though it is arguably just as, if not more, important for an improved overall health outcome. The lack of presence also devalues eye care in the minds of other health professionals.

Yet, there are successful examples in which an eyecare professional has contributed to a greater public health unit initiative in a strong way. In one example, the Middlesex-London Health Unit recognized it was only reaching 7 percent of its target number of children with its vision screening program, so it partnered with a local optometrist to create a health communication campaign, "Make Your First Test an Eye Test." The campaign included promotional posters, brochures,



save cards (translated into five languages), bus ads, Facebook ads and a PowerPoint presentation for educators and child care providers. The Health Unit is now working with the school board to

develop a policy that vision testing will be mandatory before children begin school.

Of course, the vision test is only the first step, as children who require correction will also need support in the dispensing of eyewear and in follow-up care.

Eyecare professionals interested in collaborating outside the optical profession to elevate visibility for eye care and increase referrals could consider a wide range of partners including family physicians, Family Health Teams (multi-disciplinary), nurse practitioners, front line nurses, social workers, mental health workers, public health, early childhood educators and day care supervisors.

Places to reach out to for opportunities to serve on multi-disciplinary teams include public health departments that focus on health promotion; Family Health Teams in Ontario, or Regional Health Authorities in each province; nontraditional partners that often service children and youth on a daily basis (e.g., ECE, mental health, etc.); nurse practitioners; and community health care agencies. Simple outreach explaining services that an eyecare professional can supply, as well as requesting to be part of the referral system, can be very effective.



Where's the eyecare professional?

There are many public health programs that bring together interdisciplinary panels of health (and other) professionals to work toward a common goal to promote a specific health outcome. In one example in London, a group was formed to develop a more efficient and helpful process to move children through the mental health system in the best way possible. Beyond physicians, the panel included psychiatrists and even police, who may identify those in need of this kind of assistance. However, no optical professional was brought on-board despite the impact of vision problems as a contributor to mental health issues and to behaviors that can sometimes be misdiagnosed as mental health issues.



Building Bridges... and Referrals

Eyecare professionals can partner with local health clinics to get referrals for eye-related cases. A personal introduction is most effective, coupled with an explanation of what services the eyecare professional could offer if the clinic becomes very busy and would like to offer patients the opportunity of being seen with a shorter wait-time. Personal outreach like this helps build trust, as clinic staff will be much more likely to suggest referrals to someone with which they feel more comfortable.

Barriers and Strategies

Following presentations, roundtable participants collaborated to discuss the top barriers presented to each profession in implementing collaborative care and strategies for overcoming them.

Barriers to Collaborative Care

Roundtable participants observed that many barriers to working collaboratively **among eyecare professionals** were common between professions. These included more personal motivations, such as a **personal preference** to work more independently or a tendency to experience **anxiety** or a **challenge to ego** with the thought of lessening control over patient care by working collaboratively with others. There was also agreement that **poor public awareness** is a common barrier to collaborative care because it contributes to a siloed approach through which one profession may try to “do it all,” rather than refer to another profession that the patient may not be as comfortable with. Another common barrier was **lack of integration into the health system**, because the health system itself helps to set up the framework for referrals.

Additional barriers identified included **poor past experiences** with less educated professionals, which could erode trust for future collaboration with any professional within a specific category. For example, if an optometrist works with an optician who does not have a strong knowledge of lens technologies, then the optometrist may not feel the need to build a strong relationship because the patient benefit isn't evident. For opticians specifically, **regulation** was cited as another barrier, by keeping them from hiring or partnering with optometrists and by not fostering growth in scope of practice. For optometrists, **lack of recognition** of changing roles was added as a significant barrier because it limits the scope of ways ophthalmologists and opticians could work with optometrists to better patient care. It was noted that ophthalmologists, in particular, may not have a clear understanding of what the other “O’s” can do, and may not have exposure to the range of lens technology – thus, not seeing where the other professions can meet the range of needs for patient care.

Related to working collaboratively with **general health professionals**, primary barriers identified included a **lack of understanding** among general health professionals on how eyecare fits into the larger health puzzle and **poor perceptions** of eyecare professionals among general health professionals. For example, similar to consumers, some general physicians have concerns about the “two hats” that many eyecare professionals wear as both health professionals and as “salesmen.” Also, the **lack**

of **integration** of optical professionals into the health system puts up a barrier for referrals and sends a signal that these eye health services are not as important to overall health as other services. Health care professionals are also worried about optometrists **claiming favoritism** if they send referrals to one location versus another.

As with most interpersonal situations, it was agreed that collaboration between general health care professionals and eyecare professionals works best when a relationship is established, so that trust issues can be alleviated.

Top Barriers to Collaborative Care Identified by Roundtable Participants

Roundtable participants discussed several strategies to overcome the following barriers and further promote collaborative care. Action was explored at the eyecare professional and association level.

Opticians

- **Poor public awareness**
- **Need for more education to demonstrate expertise to build trust and reliance by other professions**
- **Preference/anxiety/ego**
- **Regulation**
- **Inconsistent business practices**
- **Lack of integration into health system**

Optometrists

- **Poor public awareness of eye health component**
- **Lack of integration into health system**
- **Lack of positive history with opticians to help build trust**
- **Preference/anxiety/ego**
- **Lack of recognition of changing roles**
- **Fear of losing patients**

Ophthalmologists

- **Lack of positive history with opticians/ optometrists to help build trust**
- **Preference/anxiety/ego**
- **Lack of recognition of changing roles**
- **Poor understanding of what other “O’s” can do**
- **Undertrained on lenses, etc.**

Strategies to Implement Collaborative Care

Building off ideas shared during individual presentations, roundtable participants identified the top strategies for implementing collaborative care at the individual practitioner and association levels among eyecare professionals and between eyecare professionals and general health professionals.

At the individual practitioner level, many strategies revolved around **establishing personal relationships**, which leads to trust. It was recommended to begin with professionals nearby, as those tend to make the most sense for referrals. This could be other eyecare professionals and also other health professionals, like staff at a nearby clinic.

Other strategies centered on **learning about complementary contributions** available by one profession to another. This can be achieved by attending conferences/panels/webinars – with the added benefit of interprofessional networking.

It was also recommended that business models be explored that allow for **all three “O’s” to practice out of the same location**. This saves overhead while providing patients access to the range of optical services they need. Plus, close proximity helps different optical professionals seize more opportunities to get to know each other, while building trust and reliance. Business models encompassing professionals outside the optical industry could also be considered.

Other specific tips included:

For Opticians:

- **Keep the lines of communication open.** Try to meet with eye doctors at least once a month to discuss any new technologies in the industry. Showcasing your expertise builds trust and helps doctors better meet the needs of patients by keeping them more informed.
- Take advantage of **spur-of-the-moment opportunities**, like coffee breaks or bumping into each other in the hallway to discuss new technologies. These brief conversations could possibly help the next patient that the doctor or optician sees.
- **Provide doctors with trial product.** It's always easier to talk about something you've personally tried yourself. Don't be afraid to have doctors try special-purpose products that meet their own specific visual needs, because they may have patients with a similar

need. The more lenses that the doctors try, the more they can think of different options for patients. The cost to fit doctors in several new lenses is much cheaper than many forms of advertising – and can be much more effective. If the lenses are viewed as a gift, however, and cannot be accepted, offering training for the doctor and staff can be extremely effective as well.

- **Display educational material in the waiting room.** Reading material or a looped DVD sharing information about lens technology can plant a seed in patients' minds to ask questions of the doctor. With more interest in lenses, reliance on the optician increases.
- **Support public awareness initiatives** To increase visibility within the community and among fellow health professionals, it can be valuable to get involved with a local school and present on the importance of eye health. Working collaboratively with educators can lead to referrals and be very rewarding in terms of providing an important service to those who need it the most.

For Optometrists

- **Get Personal.** One of the best ways to encourage collaborative care is to have personal interactions. Invite fellow professionals to join you for breakfast or to attend conferences or panels. Interaction is key in making collaborative care work. It is easier to collaborate with someone you've already established a relationship with, because, as brief as it may be, the connection is already there.
- **Proximate.** Partner with other eyecare professionals or hospitals or clinics in your area. Local emergency rooms typically have long wait times – sometimes up to 12 hours. Introduce yourself to the nurses at the hospital so that they can begin to refer eye-related cases to you, helping to save the patient time and suffering.
- **Be patient and persistent.** It will take time to build and establish trust with other eyecare professionals and staff at the local hospitals or clinics. Do not give up. Multiple introductions may be needed.
- **Be practical.** Even with evolving roles, keep in mind that other professionals may have more experience in certain areas. Stay humble, know your limits and express a willingness to learn. This will keep other professionals from responding defensively.
- **Show parity.** If you receive a referral, be sure and refer back for follow-up. This will help establish trust that a patient is not being “stolen away.”

- **Present at schools.** To increase visibility within the community and among fellow health professionals, it can be valuable to get involved with a local school and present on the importance of eye health. Working collaboratively with educators can lead to referrals and be very rewarding in terms of providing an important service to those who need it the most.

In addition to the profession-specific strategies agreed upon above, roundtable participants brainstormed **general strategies for eyecare professionals to become more integrated into general health care.** These included:

- Reach out to local public health department authorities and community health care agencies about opportunities for involvement.
- Consider partners in more non-traditional areas, such as those on panels to address mental health issues.
- Consider nurse practitioners as strong partners, since these professionals are often on the frontlines of patient general health care and may be more willing to collaborate than those with greater specialization.
- “Sponsor” a local school by providing eye care or eyewear and gain integration with other health influencers on the important children’s population.

A Deeper Need

Demonstrating the need and fulfillment of working with the kids’ population, one roundtable participant shared a story about a referral he received for an eight-year-old child with a severe vision correction need who had never before worn glasses. While the child qualified to receive a free pair of glasses, the standard lenses would have been very thick, which would likely make the child more self-conscious about the glasses. By providing high-index lenses, chances were highly increased for a positive outcome.

Optical Industry Association Support

Optical industry associations are in a unique position to influence collaborative care, setting an example at the national level by working collaboratively with other optical associations, and putting policies and education in place to promote greater collaboration. Discussions during the roundtable identified several ways that optical industry associations could be supportive of the collaborative care goal.

While participants agreed that it would be difficult to come to a consensus on all topics – always a barrier to collaboration – it was emphasized that the associations should **work collaboratively with other optical associations toward common goals** as a way to bridge gaps and provide the opportunity for further collaboration. In addition, each association can work independently to support the concept and practice of collaborative care as well, such as through **membership guidelines on collaborative care** and the **promotion of professional education** on the topic. Education should spotlight best practices in collaborative care to highlight the patient benefit and motivate more professionals to embrace it. The associations can also support **research into public opinion and awareness** that can be shared among professions, and can **support public education and government relations programs** that elevate vision care overall and clarify the value brought by individual professions.

Support by industry associations to help the optical industry become more integrated with general health care were also discussed during the roundtable, with a focus on the need to **raise awareness of the importance of vision to other aspects of public safety**, such as education (seeing well is important for learning); transportation (seeing well is important to avoid accidents); and mental health (seeing well can help to avoid or lessen the severity of many issues). Taking the lead in this area will elevate the overall perception of the importance of eye care, while opening the eyes of other health professionals to the benefits of working collaboratively.

In addition to providing public education, optical associations are also urged to **educate public health organizations**, who can make decisions about the inclusion of eye health as an aspect of public health care campaigns. Examples of associations to which to reach out include the Public Health Agency of Canada; the Canadian Health Coalition; the Canadian Medical Association and the Nursing Associations of Canada.

It was also recommended to **include representatives from other health care sectors in optical industry forums**, such as Transitions Academy – Transitions Optical’s annual education event for lab and eyecare professionals – to begin the process of integration. Nontraditional partners, such as educators or day care providers (as opposed to health professionals) should also be considered as important audiences to educate on the value of vision care.

Conclusion

The need for collaborative care is at its highest. As health care becomes more complex, it is essential for eye care to be an integral part of the overall health equation, and for optical professionals to work well together to promote the best eye and overall health outcomes for the patient. Roundtable participants agreed on the many benefits of collaborative care, with better and more comprehensive care for the patient as the most basic benefit, resulting in improved patient satisfaction and retention, increased public safety and a countering of negative consumer perceptions that plague the professions.

The participants issued a call-to-action for individual practices and the industry as a whole to address this need.

Participants agreed to serve on a collaborative care advisory team. One task of the group will be to develop resources and education materials focusing on fostering collaborative vision care. These could potentially include a collaborative care education module; clinical practice guidelines on a collaborative model; best practices of having the “three O’s” under one roof; and establishing a set of business practices that support collaboration.

The working group will also consider reaching out to general health groups to promote collaboration between eyecare and other health sectors, and will consider supporting existing or new public education platforms that elevate eye care and the optical profession.

To avoid overlap with many of the existing associations and coalitions already working together to promote shared goals (such as increasing public awareness of the value of eye health), this working group will remain focused on the specific task of fostering collaborative care in Canada, with the goal of achieving change both at an industry and individual practitioner level. While the associations and the working group will help to influence change at the industry level, ultimately, change is in the hands of individual practitioners who work on the frontlines of patient care to adopt more collaborative practices, for the benefit of the profession and – primarily – the patient.

For individual practitioners:

To ensure the best patient experience, eyecare professionals are urged to work collaboratively with other professionals in their own industry, as well as with other health care professionals and influencers with open communication, respect for complementary roles and a central focus on the best overall patient experience.

For the industry:

To improve professional relationships and patient care, industry organizations can promote the practice of collaboration within school curricula and in professional learning, and can bring professionals together to work toward common industry goals.



This publication was produced as a professional education resource by Transitions Optical, Inc.

Transitions®