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What is the future for insurance coverage and TPAs for optometry in British Columbia? A survey of British Columbia optometrists

Ross Nickolet
Pacific University

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Degree Type
Thesis

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WHAT IS THE FUTURE FOR INSURANCE COVERAGE AND TPAs FOR OPTOMETRY IN BRITISH COLUMBIA?
A SURVEY OF BRITISH COLUMBIA OPTOMETRISTS

By
ROSS NICKOLET

A thesis submitted to the faculty of the
College of Optometry
Pacific University
Forest Grove, Oregon
Doctor of Optometry
May, 2000

Advisor: Salisa K. Williams, O.D.
Adviser: Salisa Williams, O.D.
Biography

Ross Nickolet is a Class of 2000 graduate of the Pacific University College of Optometry. He received a Bachelor of Science in Microbiology from the University of British Columbia. Ross was born and raised in Prince George, B.C. and he plans to return there to practice optometry upon graduation. Music, sports, and outdoor recreational activities with his wife, daughter, and son are a few things that Ross enjoys.
Abstract

In Canada, two major changes are occurring with respect to the profession of optometry: the removal of vision examination coverage from the provincial health plans and the addition of therapeutic pharmaceutical agents (TPAs) to the scope of practice. A survey was mailed to all practicing optometrists in British Columbia to determine their opinions on these issues. The results show that B.C. optometrists expect some change in coverage within four years, but only about half of the doctors favour deinsurance. They also expect a temporary decrease in patient numbers and in personal income if deinsurance does occur. With respect to therapeutic medications, 99% of B.C. optometrists favour TPA legislation for optometry and believe that a law will pass within four years. Ninety-seven percent plan to obtain licensure to prescribe TPAs and estimate they need to prescribe medications to about 10% of their patients.
Introduction

Optometry is a very dynamic profession. Many new developments in diagnosis, treatments, medications, knowledge, and laws, make it impossible to know the future of the profession or how the scope of practice will change. Optometry is like a living entity that must evolve. Dr. W. M. Lyle, a past Canadian Association of Optometrists president, wrote: “change is the only constant in all living organisms – it is necessary for growth and advancement.” In Canada, there are currently two major changes occurring with respect to optometry: the removal of optometric examinations from provincial health plans and the addition of therapeutic pharmaceutical agents (TPAs) to the optometric scope of practice.

Central to all changes occurring to the profession is the development of optometrists into primary care providers. Being a “gatekeeper” entails new responsibilities in areas such as prevention, health education, health promotion, diagnosis, treatment and rehabilitation, counseling, and consultation. Doctors of optometry (ODs) are the best educated, most efficient, and most diverse professionals to provide primary eye care. Vision care for British Columbians will change in the near future and optometry will continue to be the major care provider, but the addition of TPAs to the optometric scope of practice and the removal of eye exam coverage from the Medical Services Plan (MSP) will have a large impact on the profession of optometry. The author surveyed B.C. optometrists to determine their opinions on these two topics.
Methods

Subjects

All optometrists licensed to practice in British Columbia were eligible to participate in this study. The survey was included in the July 1999 monthly mailing to all association members by the British Columbia Association of Optometrists (BCAO). A total of 325 surveys were sent and responses were either faxed or mailed to the BCAO for compilation. Two months were allotted for the surveys to be completed and returned. Of the 325 surveys sent, 74 were returned, giving a response rate of 23%.

Survey Construction

The format of the survey was constructed to be simple and brief in order to obtain the highest possible response rate. A sample survey is given in Appendix A. Page one includes questions regarding the potential removal of optometric care from MSP. Simple “yes” or “no” questions with corresponding numerical values are asked in order to obtain the opinions of ODs with respect to optometric deinsurance. Furthermore, question 5 allows each doctor to elaborate on why he or she feels deinsurance is positive for optometry as a profession and question 6 asks the doctors which items or age groups they feel should remain covered by MSP in the case of partial deinsurance. For the interest of the author, the final question on page one asks what one’s fee would be for a complete vision examination if deinsurance did occur.

The second page of the survey consists of questions on therapeutic pharmaceutical agents. Again, simple “yes” or “no” and numerical questions are posed regarding the possible
addition of TPAs to the optometric scope of practice. Question 5 allows the doctor to express why he or she feels that a therapeutic drug law is positive for optometry. Question 8 is included to see if the doctor's year of graduation correlates with his or her opinion on deinsurance or therapeutic agents.

Results

Deinsurance

British Columbia optometrists expect that some change of optometric insurance coverage will occur in two to three years. Table I delineates the percentage of ODs favouring deinsurance. Overall, 51% are in favour of removing optometric coverage from MSP and 68% feel that partial deinsurance is a better option than complete deinsurance, as shown in Table II. When asked what items and age groups should remain covered, the most common responses include children, the elderly, low-income families, and medically indicated examinations. The upper age cut off to be considered a child ranged from 13-19 years and the age to be considered elderly ranged from 40-65 years. When considering the effect of deinsurance on patient numbers and personal income, the vast majority of ODs believe both will decrease. Tables III and IV illustrate what optometrists expect, with respect to their patient numbers and their personal incomes, if deinsurance occurs. One hundred percent of 1990s graduates expect temporary reductions in the number of patients they see and in their personal income. Optometrists who have been practicing for a longer time expect to see less of a change. On average, doctors expect their patient encounters to decline 24% if deinsurance occurs. They also expect to earn less money, but when asked how long they foresee the decline to last before returning to their previous income level, the average estimate is one and one-half years. Table V summarizes these findings.
Therapeutic Agents

An overwhelming 73 of 74 respondents, almost 99%, believe ODs should be able to prescribe therapeutic agents as shown in Table VI, but they expect the provincial government will not pass the law for another three to four years. Ninety-seven percent state they will obtain licensure to prescribe TPAs. Surveyed ODs expect to prescribe medication to 10% of their patients. In addition, 96% of ODs expect that the ability to prescribe TPAs will enhance the public's perception of optometry. A summary of these results is given in Table VII. Finally, Table VIII lists some of the possible medications for ODs to prescribe and the percentage of doctors that favour each pharmaceutical.

Discussion

Deinsurance

There is currently a great variability of optometric coverage by provincial health plans between the Canadian provinces, ranging from absolutely no coverage in New Brunswick, Prince Edward Island, and Newfoundland to a maximum of one examination per year in Ontario. Escalating health care costs and increasing governmental deficits combine to exert pressure on the political party in power to reform the current budget. This pressure often leads to cutbacks in health care coverage. Alberta partially deinsured optometry in 1995 and Manitoba did the same in 1996. Based on this "trend," British Columbia ODs expect a change in optometric coverage within three to four years, as shown by the current survey.

The results of the survey also show that approximately half of B.C. optometrists favour the removal of optometry from MSP and two-thirds favour partial deinsurance. When asked why deinsurance would be positive for optometry, the responses given most often by the
doctors pertained to the ability to set and control fees, to properly charge for the tests performed, and to earn what the services are worth. Doctors of optometry in favour of deinsurance want financial autonomy, independence from government intervention, fewer restrictions on testing procedures, and treatment options that are not currently covered by MSP. Optometrists also believe that patient care would be improved after deinsurance because they could spend more time per patient, see more people with genuine problems, and decrease the waiting time for an appointment. Overall, better value for service could be provided.

The surveyed ODs also expressed concern about the public's perception of optometry as inferior to medicine and dentistry. Less value is placed on services that are “free” to the patient and people often take these services for granted. If payment were required, even partial payment, the public may eventually value their vision care more highly. This would in turn increase their respect for doctors of optometry.

Even though the doctors expect their patient numbers to decline by 24%, they expect their income will be lowered only temporarily. Ingram and Murray surveyed Alberta ODs two years after the Alberta Health Care Insurance Plan deinsured optometric exams for patients aged 19-64. They found that 84% of ODs reported a decrease in patient numbers by an average of 20% while 67% of ODs reported a decrease in income by an average of 20-24%. Both of these values returned to previous levels within one year. Furthermore, when asked whether they would choose to be reinsured, 62% indicated they would not. These results from Alberta are very comparable to the expectations of British Columbia ODs, indicating that they have a realistic outlook.

Those ODs who do not favour deinsurance argue that vision care is part of universal health care coverage which is an inherently good part of being Canadian. Removing coverage
also opens the door for health management organizations (HMOs) to form and eventually control vision insurance similar to what is occurring in the United States. They also fear that deinsurance would decrease public access to essential care and decrease preventative optometry especially to underprivileged Canadians. The general public does not fully understand the need for a routine vision exam and would likely neglect seeking care unless symptoms are present. Increased investment of resources would be needed to educate the public on the necessity of regular eye exams.

Another major concern for ODs is whether or not examinations by ophthalmologists will remain insured. Similar services must be insured equally between MDs and ODs or patients may flood already over-booked ophthalmologist offices for routine eye exams. Furthermore, if B.C. passes a TPA law for optometrists, MSP coverage will be necessary for reimbursement of medically related examinations equal to ophthalmology reimbursement.

Finally, the fight to increase reimbursements or to opt out of MSP makes ODs appear greedy to the public. Public respect is a concern for ODs, and the appearance of greed is a detriment to the profession. Unfortunately, the public does not fully appreciate optometry’s dilemma. The political parties vying for power in the next election do, however, understand the situation. We live in a bureaucratic society and when the opportunity arises to court popular opinion, political parties rise to the occasion. Any law that passes will reflect political gain for the party in power, or be part of a campaign promise, regardless of the interests of optometrists.
Therapeutic Pharmaceutical Agents

The vast majority of B.C. optometrists believe they should be allowed to prescribe therapeutic medications. The present survey indicates 99% are in favour of TPA legislation for optometrists. These results were expected because optometry schools across the continent have now included pharmacology as a necessary part of their curriculum making ODs well qualified to prescribe TPAs. Some classes are even being conducted together with medical and dental students and many schools require TPA-based externship rotations. Optometrists are well educated and have an excellent understanding of the physiology of vision and of the body. Every state in the U.S. now has a therapeutic drug law for ODs and Canada is following close behind; Alberta was the first province to pass a TPA law in October of 1996, followed by New Brunswick in December of 1997, and Saskatchewan in January of 1998. The scope of practice is always expanding for optometry and adding therapeutic medications to the arsenal is the next logical step. Optometrists are the most qualified and accessible professionals to provide primary vision care and prescribing medications is a necessary part of providing primary care.

Is a therapeutic drug law positive for optometry? Ninety-six percent of B.C. optometrists say yes, citing reasons like making use of the skills ODs already possess, widening the scope of practice and thus advancing the profession, and providing efficient and convenient service. Being able to prescribe for simple external infections or allergies would save patients the trip to another doctor’s office that might be many kilometers away and in turn save the provincial government the bill for a redundant exam. Compared to ophthalmologists, there are a greater number of ODs who are much more widely distributed among communities, making them more accessible to the public. By providing true primary vision care, ODs can make the vision aspect of health care more cost effective for the provincial government.
Another important concern for ODs is the level of respect that they receive from the public and from other doctors. Greater respect, credibility, and confidence are placed on doctors who prescribe medications. The current survey established that 96% of ODs believe that a TPA law would increase the public’s perception of optometry. Doctors of optometry are equals to physicians and dentists and expect to be viewed in that way. The public is perhaps not fully aware that ODs are better prepared to manage ocular conditions than most general practitioners. Many people assume that ODs currently are able to prescribe medications and the BCAO found that two-thirds of the public favoured TPA legislation for ODs when informed of similar laws elsewhere.6

On the topic of which therapeutic agents ODs wish to prescribe, there is less agreement. Prescribing topical antibiotics, topical steroids, topical non-steroidal anti-inflammatory drugs, and topical allergy medications is desired by over 95% of ODs. There is far less consensus for glaucoma and oral medications. Greater liability and responsibility come with a greater range of pharmaceutical options; therefore, this finding is to be expected. Looking at the rest of North America, every U.S. state now has legislation for optometry to treat allergies, infections, and inflammation; 44 states allow optometry to treat glaucoma; 30 states allow the prescribing of controlled substances to varying degrees, and 20 states allow the use of injectables by ODs.5 Lobbying for the broadest range of therapeutic agents and methods, including foreign body removal and injectables, is very important to obtaining an acceptable law for optometrists in B.C. Whether one chooses to practice at the full scope of his or her rights depends on the individual.

Adding therapeutics to one’s practice must be a gradual transition. One should work in his or her own comfort zone and slowly expand as experience is gained. In his article titled “Incorporating TPAs into your practice,” Dr. James Hartzell, outlines what ODs need to
know beyond pharmacology to successfully add therapeutic agents to their scope of practice. He stresses staff education, proper documentation, healthy OD-MD relationships, 24-hour availability, and networking with other ODs.

The current survey provoked comments opposing a TPA law as well. Insufficient training, increased tension with MDs, and increased cost for the ODs in addition to the increased liability are cited. Furthermore, concern was raised regarding prioritizing TPA legislation over battling refracting opticians. The mainstay of optometry has always been refracting and dispensing. Care must be taken to preserve the subsistence of the profession.

**Conclusion**

Since the initial formation of the profession in 1909 by Charles Prentice, there has never been so much change for optometry in Canada as in recent years. Growth and advancement are necessary for survival. Optometrists are the present and future of primary vision care because they have the education, the numbers, and the cohesiveness to provide the most accessible, efficient, and comprehensive vision care. The main goal must be to keep improving patient care, but it must be accomplished without sacrificing respect, autonomy, or scope of practice to opticians. A TPA law for optometry in B.C. would allow ODs to use the skills they have acquired to serve the public efficiently and comprehensively. It would also contribute to increasing their respect within the community and enhancing their job satisfaction. People in rural areas where ophthalmologists are inaccessible would especially benefit from the service.

Providing superior service does come at a price and the rising cost of health care forces provincial governments to re-evaluate their budgets. Because there has been no increase in reimbursement to optometry by the provincial government in many years, doctors are
forced to provide only adequate care to keep up with their rising costs. In a perfect world there would be fair reimbursement and universal access for essential health services. Is deinsurance of vision care the answer? According to this survey, BC optometrists are undecided. Removing optometric coverage from MSP may restrict essential care, but the level of service would be superior by freeing ODs to make the ultimate decision on which care is necessary, not just affordable.
Acknowledgments

I would like to thank the BCAO for all the help that they provided, although the views given in this paper do not necessarily reflect the views of the BCAO. Many thanks are also given to Dr. Salisa Williams, Lara McKnight and Janna Jackson for their contributions and effort.
References


5. Cooper, Sherry. American Optometric Association Legal Research (800-365-2219, Ext. 266)


Table I: ODs Favouring Deinsurance

<table>
<thead>
<tr>
<th></th>
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<td>Overall</td>
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<td>1980s graduates</td>
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<tr>
<td>1990s graduates</td>
<td>15</td>
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Table II: ODs Favouring Partial Deinsurance Over Deinsurance

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<th></th>
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<td>Overall</td>
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<td>Pre-1980 graduates</td>
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<td>67</td>
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<td>1990s graduates</td>
<td>23</td>
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Table III: ODs Expecting Deinsurance to Decrease Their Number of Patients

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<td>Overall</td>
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<tr>
<td>Pre-1980 graduates</td>
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<td>85</td>
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<tr>
<td>1990s graduates</td>
<td>33</td>
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Table IV: ODs Expecting Deinsurance to Decrease Their Personal Income

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<th></th>
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<td>Overall</td>
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<td>82</td>
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<tr>
<td>Pre-1980 graduates</td>
<td>10</td>
<td>71</td>
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<td>67</td>
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<tr>
<td>1990s graduates</td>
<td>33</td>
<td>100</td>
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Table V: Other Findings Pertaining to Deinsurance

<table>
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<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Average Expected Drop in Patient Numbers</td>
<td>24%</td>
</tr>
<tr>
<td>Average Expected Length of Decreased Income</td>
<td>17 months</td>
</tr>
<tr>
<td>Average Expected Period Until Deinsurance Occurs</td>
<td>38 months</td>
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<tr>
<td>ODs Who Feel Deinsurance is Positive for Optometry</td>
<td>55%</td>
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<tr>
<td>Average Expected Fee for a Complete Vision Exam After Deinsurance</td>
<td>$ 71.00</td>
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Table VI: ODs Favouring TPA Law

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<thead>
<tr>
<th></th>
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<th>%</th>
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<tr>
<td>Overall</td>
<td>73 of 74</td>
<td>99</td>
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<tr>
<td>Pre-1980 graduates</td>
<td>14 of 14</td>
<td>100</td>
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<td>1980s graduates</td>
<td>26 of 27</td>
<td>96</td>
</tr>
<tr>
<td>1990s graduates</td>
<td>33 of 33</td>
<td>100</td>
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Table VII: Other Findings Pertaining to TPAs

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<tr>
<th>Finding</th>
<th>Value</th>
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<tr>
<td>Average Expected Period Until TPA Law is Passed</td>
<td>3.4 yrs</td>
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<tr>
<td>Average Number of Patients Requiring TPAs</td>
<td>10%</td>
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<tr>
<td>ODs Who Feel TPA Law is Positive for Optometry</td>
<td>98.7%</td>
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<tr>
<td>ODs Expecting Improvement in Public Perception of Optometry due to TPA</td>
<td>95.8%</td>
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<tr>
<td>Prescribing</td>
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<td>ODs Planning on Obtaining Licensure</td>
<td>97.3%</td>
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Table VIII: Possible TPAs to Prescribe and Percentage of ODs Desiring to Prescribe Them

<table>
<thead>
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<th>TPA</th>
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<tbody>
<tr>
<td>Topical Antibiotics</td>
<td>100</td>
</tr>
<tr>
<td>Topical Allergy Medications</td>
<td>99</td>
</tr>
<tr>
<td>Topical Steroidal Anti-inflammatories</td>
<td>97</td>
</tr>
<tr>
<td>Topical Non-steroidal Anti-inflammatories</td>
<td>97</td>
</tr>
<tr>
<td>Topical Glaucoma Medications</td>
<td>79</td>
</tr>
<tr>
<td>Oral Antibiotics</td>
<td>53</td>
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<tr>
<td>Oral Glaucoma Medications</td>
<td>47</td>
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<tr>
<td>Oral Steroidal Anti-inflammatories</td>
<td>33</td>
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</table>
Appendix A:

How Deinsurance and Therapeutic Drug Laws Could Change
Optometry in British Columbia:
A Survey of British Columbia Optometrists

My name is Ross Nickolet and I am a 4th year student at the Pacific University College of Optometry. For my thesis project I am doing a survey of B.C. optometrists regarding two potential changes to eye care occurring in British Columbia: the removal of optometric coverage from the Provincial health plan and the addition of therapeutic pharmacological agents to the scope of practice. I would greatly appreciate your input on these topics. Please take a few minutes to fill out my short survey and mail it to me at:

Ross Nickolet c/o BCAO
100-10751 Shellbridge Way
Richmond B.C.
V6X 2W8

or fax it to my attention at: 604-270-4950. All information received is confidential and may be sent anonymously.

Deinsurance:

1. When do you feel the provincial government will remove optometric coverage from the provincial health plan?

2. Do you feel that deinsurance will decrease your number of patients? By what percentage?
   yes____  no____

3. Do you feel that deinsurance will decrease your personal income? For how long?
   yes____  no____

4. Do you favour deinsurance?
   yes____  no____

5. Do you feel that deinsurance is positive for optometry in general?
   yes____  no____
   Why? ________________________________________________________________

6. Do you feel partial deinsurance is a better option than complete deinsurance? yes____  no____
   Which items or age-groups do you feel should remain insured?

7. What would your fee be for a comprehensive visual examination if deinsurance did occur?
Therapeutic Pharmacologic Agents (TPAs):

1. When do you think B.C. will pass a TPA law for optometry? 

2. Do you feel optometrists should be allowed to prescribe TPAs? yes____ no____

3. Which TPAs?
   - topical antibiotics _____
   - oral antibiotics_____
   - topical steroids _____
   - oral steroids_____
   - topical nonsteroidal anti-inflammatory meds _____
   - topical glaucoma meds____ oral glaucoma meds____
   - topical allergy meds____
   - others________________________

4. For what percentage of your patients do you feel you would prescribe TPAs? ______

5. Do you feel a TPA law for optometrists is positive for optometry in general? yes____ no____
   Why?______________________________________________________________

6. Do you feel this type of law will improve the public's perception of optometry? yes____ no____

7. Will you obtain licensure to prescribe TPAs? yes____ no____ When?________________

8. What year did you graduate from optometry school?____________________

9. Was your optometry school in Canada_____ or the US____ or other_____?

Thank you very much for your time. Any and all additional comments are welcome.