

OPTOMETRY AND THE HALL REPORT

On September 3, 1980 the Report of Chief Justice Emmett Hall entitled "Canada's National - Provincial Health Program for the 1980's" was released in Ottawa. There have been numerous summaries and commentaries on the Hall Report appearing in the media that have undoubtedly served to make every optometrist aware of the Report's major recommendations. But as usual, the media has ignored the comments of Mr. Hall that relate to vision care or the position of the optometrist in the health care delivery system. We will therefore attempt to relate the Hall Report to the concerns of optometry as a fee for service health care profession.

CAO's involvement with the federal government efforts to analyze the problems of Medicare began with President Jack Huber submitting a brief on February 15, 1980 to Mr. Hall at the Saskatoon public hearings of the "Health Services Review '79." The CAO brief put forward 26 recommendations that focused on problems associated with the accessibility, availability and cost of the vision care services required by the Canadian public. In response to the CAO submission, Mr. Hall stated within his final report that "the Canadian Association of Optometrists submitted an excellent and well-documented brief." He then made the following direct comments as taken from pages nos. 97-98 of his report.

The initial part of his section on optometry reviews our national status in health insurance programs, the ratio of optometrists to population, our educational process, and the profession's desire to create a third school of optometry in Western Canada. He points out that "there is discussion underway at this

time which may lead to the establishment of another school at the University of Calgary which would be supported by the four Western Provinces. This sounds like a sensible arrangement to meet an obvious need." Mr. Hall's statement supports the intent of Recommendation No. 23 as presented in the CAO brief. We are very pleased that he endorsed our position and will now proceed to take action in Western Canada that will allow us to capitalize upon his statement.

In his report Mr. Hall referred to the fact that a number of our recommendations concern "areas of vision care common to ophthalmology as well as optometry." As a reference he cited Recommendations 6, 8, 12 and 13 from the CAO submission:

6. "Provinces that do not currently have a statute regulating ophthalmic dispensing be encouraged to develop them and existing provincial acts be reviewed and made consistent with the tenets of Health Care Legislation and public protection. To that end: The definition of dispensing opticians be specified, their relationships to ophthalmologists and optometrists be codified with conflict of interest defined and regulated."
8. "That a joint committee of optometrists, ophthalmologists and orthoptists consider, with respect to optometric and medical legislation, the future status and educational requirements of orthoptists as it relates to the appropriate delivery of vision care."
12. "There should be a comprehensive study by Federal and Provincial Government agencies of occupational vision standards in industry with respect to

visual demands and potential eye hazards for all common occupations. The study should be funded by both the Federal and Provincial Governments and involve their respective Ministry of Health, Ministry of Labour, as well as the Canadian Standards Association. Worker's Compensation Board and National or Provincial Association of Optometry and Medicine."

And in respect of sports:

13. "A comprehensive study by appropriate Sports, Medical and Optometric Associations should be undertaken in order to identify and establish appropriate vision care standards for amateur sports and recreational activities."

This section as written does not offer a clear indication of whether or not Mr. Hall is supporting the spirit of our recommendations. We will therefore be contacting him in order to request further clarification on his intent in citing these specific recommendations.

Mr. Hall concludes his direct commentary on the CAO brief by pointing out that our Recommendation No. 14 "merits attention in respect of blind and partially-sighted persons:

"The Canadian National Institute for the Blind, as the national center for services to the blind and partially-sighted, be urged to implement without further delay the following recommendations contained in the "Vision Canada" report:

1. Registration of blind and partially-sighted persons;
2. CNIB low vision clinics and mobile eye care services;
3. Multi-Disciplinary surveys."

We are encouraged by the fact

that Mr. Hall has joined with us in advocating that the CNIB become more responsive to the vision care needs of the partially-sighted through changes in their outdated service delivery policies that are routed in a medical bias.

Throughout the remainder of the Hall Report the following additional comments were made that although addressed to physicians could apply equally to all fee for service health care professionals such as optometrists:

- Binding arbitration should be used to settle disagreements over payments for services that arise between the providers of care and provincial governments.
- Providers of care should not be allowed to bill patients more than

the maximum fee paid by the provincial health care plan.

- The Income Tax Act should be amended to give health care professionals tax relief in terms of continued education cost, deduction of a spouse's salary as a business expense and removal of the sales tax on medical supplies.
- Health care professionals should not be placed on salaries. Mr. Hall points out that the salary system is contrary to Medicare's founding principles of "free and self-governing professions."

CAO and provincial associations are now faced with the problem of anticipating the extent to which the various recommendations contained in the Hall Report will be acted upon by provincial and federal gov-

ernments. The issues of balanced billing, binding arbitration, medical manpower, portability of benefits, salaried professionals and block-funding as discussed in the Recall Report are all topical political issues. The Report has certainly served to give the various governmental agencies a focus for their future discussions and problem-solving action on the important issues. Since it is as much the responsibility of the providers of care as it is the government to implement the required positive changes, CAO and our provincial associations will now begin to integrate the positive aspects of the Hall Report into our various association activities.

*Summary by Donald N. Schaefer

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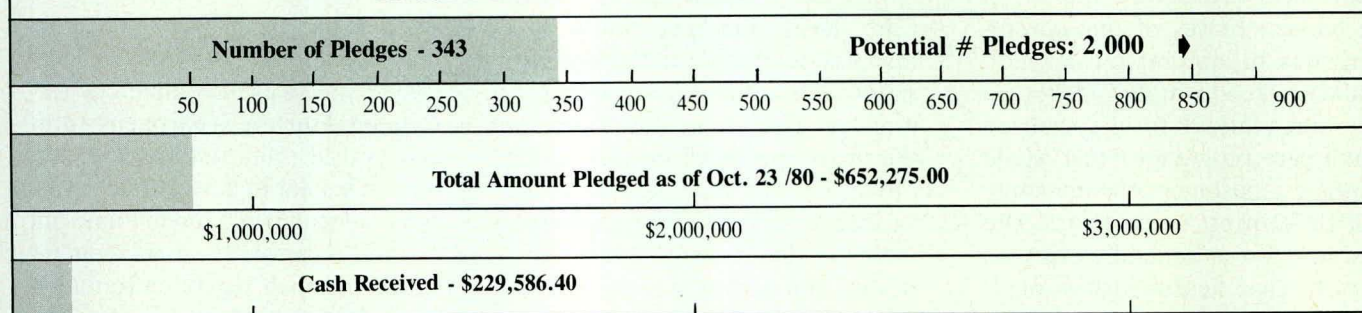
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