



THE SEVENTIES IN REVIEW



The British Columbia Optometric Association Report

The decade of the seventies has for British Columbia optometry been a period during which great changes were seemingly close at hand. Expectations ran high and, then, hope of those expectations faded, and, in the end little had changed. Nonetheless, a gradual movement of the profession forward and upward has been maintained thanks to the patience, determination and dedication of many members of the profession.

Eighteen months before the decade began the government of British Columbia passed legislation to provide an optometric benefit through the Medical Services Act. A yearly benefit was to be the entitlement of every citizen and a fee of thirteen dollars was to be paid to the optometrist per examination.

The decade was barely seven months old when, without warning, consultation or explanation, the government slashed the fee by ten percent and reduced the entitlement to a biennial rather than an annual one. This same axe did fall on some other professionals as well but left medicine untouched. The effect of this action altered the economic position of optometry such that, even as the decade ends full recovery has been barely achieved.

In 1972, a New Democratic Party government was elected and one of the earliest moves of this government was to appoint Dr. Richard Foulkes to head a study and prepare recommendations for a socialized health care programme that would see the establishment of community health clinics throughout the province. It was generally expected as well, that health professionals would be moved into a salary basis rather than the fee-for-service concept. Optometry was invited to submit a brief and recommendations to the Foulkes Commission. A very ex-

tensive and intensive study was prepared and a seemingly healthy rapport was established between the Foulkes Staff and optometry's spokesman.

The report was eagerly awaited with some hope that perhaps the position of optometry would be strengthened by the recommendations. The report was finally received by the government, and one or two health clinics were established but the bulk of the report was shelved. The importance of the Foulkes report was soon forgotten.

Of some importance and impact, though not necessarily a direct result of the report, was the decision of the minister of Health, Honourable Dennis Cocke, to all but command that Optometry and Ophthalmology begin a team approach to vision care on the Queen Charlotte Islands—off the north coast of the province. Six years later the team, one ophthalmologist, one optometrist, and one optician still visit the islands twice a year. The optometrist and ophthalmologist receive a fee for service remuneration with the Department of Health covering expenses.

A further government venture aroused optometric hopes again late in 1976 when the Minister of Health, now of a Social Credit Government, appointed a Task Force in Vision Care. His action appeared to be a response to optometric pressure for support for a Western School of Optometry. The intent was to review the provisions of vision care in the province, determine the role of the various persons involved and to recommend the training, and training facilities for each as with the Foulkes Study. The Task Force of eleven persons—two optometric appointees and two alternate appointees—embarked on a long, intensive assessment. Medical personnel outnumbered

the optometric and the resulting recommendations were not all agreeable to optometry.

The Task Force provided an opportunity for optometry to enter in the public record for its scope of service, its extensive training and education and its sound legislation while medicine's presentations were weak by comparison. The report was completed—presented to the Minister of Health and as of the end of 1977, it remains buried away with none of its recommendations implemented.

Legislation was expected to come forward to provide for education, qualification and regulation of the opticians of the province who continue to function without any control or limitation at all.

In response to the Canadian Association of Optometrists' plea for new legislation that would provide for dual administration and control of the profession and to include lay representation on regulatory and disciplinary committees, a new Optometry Act was drafted and presented to the government but no action followed and none seems to be in the offing.

During the mid-seventies the Board of Examiners succeeded, after some seven years wait, in having amendments made to the regulations under the Optometry Act of British Columbia. The regulation that has had the greatest impact on the profession dealt with the location of practices in commercial surroundings such as department stores and optical retail outlets. The regulation sought to have all such practices re-located in a limited time but reaction against the regulation resulted in much legal confrontation and, while several practices have re-located the majority of such operations remain in their original surroundings.

The impact of Health Insurance

on the profession of optometry can not have been other than beneficial. Certainly the fact of inclusion of optometric benefits have made services available to almost the total population of the province and as the cost of the diagnostic service is removed, so to is the patient better able to afford the treatment service necessary to meet the vision care need.

Perhaps, but not necessarily, the average fee for covered services may be lower than if no insurance was available or the reverse may be true. Certainly the absence of any practitioner of optometry, and very few in medicine, opting out of the agreement with the Medical Services Commission speaks loudly of the value of such insurance.

Initially the coverage was for one eye examination each year. This, as has been noted already, was reduced to one every two years. Minor examinations were added for myopia and, in 1973, all time restrictions were removed and the responsibility of substantiating the need of such services rested with the practitioner. A wider range of services was covered late in the decade to include tonometry and visual field examination.

The percentage of funds allotted towards optometric services is not great and probably will not change to any great extent. Health Care costs in the province reached one billion dollars at the end of the decade, approximately 25% of the total government expenditures of these optometric services which cost in excess of four million dollars.

In general, vision care in the province is made available to the total population. The influx of new ophthalmologists into practise has made medical eye care available in many smaller centres than was the case ten years ago and, as a consequence, the increase of these means more and more are practising a form of optometry rather than medicine. Co-incident with the increase in medical practitioners and the current business interest in the optical field has been a mushrooming growth in dispensing outlets.

Since no government regulation controls opticianry, untrained and poorly qualified persons man these outlets. Public reaction to the situation has prompted considerable media attention—particularly as pertaining to inadequately trained persons fitting contact lenses.

The latter years have seen an increase in third party contracts. Ten years ago the profession had, at the most, three third party contracts in the business field and some very loose "arrangements" with the government departments of welfare, Indian Affairs and Veterans' Affairs, none of which were very satisfactory from the practitioner's point of view.

Within the last half of the decade very firm and satisfactory agreements have been concluded with the Department of Human Resources (Welfare) of the provincial government. Federal government policy has resulted in the same contracts being automatically accepted by Veterans' Affairs and Indian Affairs departments. One large and influential health care benefit carrier has recently concluded an optometric agreement. This agreement is looked for in increased volume in the near future.

Much of the interaction the profession has had with the provincial government during the past ten years has been covered in the above paragraphs. One other and significant relation concerned the acquiring of a mobile vision clinic. A government grant of \$20,000 was received towards . . . acquisition and fitting of such a clinic.

It was operated over a period of years with staffing by senior students from Waterloo University with optometric practitioners in charge. Wherever the clinic was located ie; isolated communities, special care homes etc. it provided a great service which was well received.

Continued functioning of the clinic was thwarted by lack of financial support on a regular basis from government sources leaving the optometric association to carry the burden.

The contrast between the rela-

tions with government departments during the 'seventies compared to the previous decades has been marked by a willingness to receive optometric input, consider association requests and a demonstration of an understanding and appreciation of the profession and the contribution it can make to the health of the people of the province.

During the last ten years the British Columbia Association has demonstrated a great deal of confidence in the future by expanding its one room office facilities to a four room suite, well equipped to effectively communicate with the membership and well staffed by competent and responsible executive secretaries who have contributed much to the administration.

The objective of B.C.O.A. has been, and continues to be, simply to represent the profession effectively, to further the post-graduate education of its members, to enhance its image in the public view and to secure recognition of the services of the optometrist. Much of the effort during these years past has been to promote a school of optometry in the west. Whatever the outcome of this quest it will have a great effect on shaping the future of the profession.

Active public relation programmes of the late 'sixties involved much more expenditure of funds and more areas of activity than evidenced after 1970. Presently there is a great expectation of results from the proposed "Western Public Relations Programme."

If there is one single worry on the minds of leaders in the B.C.O.A. as 1980 begins—it must be the concern over the possibility of decreasing manpower in the province. In the mid 1960s (1964) practitioners had decreased to 132 from 162 in the 'fifties. Present registrations numbers 165—170 of whom 25% are 55 years of age or over and moving to retirement. If a western school is not forthcoming the replacement inflow will be insufficient to maintain adequate optometric services for the people of British Columbia.

Norman Armstrong O.D.