



# The Alberta Optometric Association Report



The end of a decade is a logical time for the profession to reflect, review, and reassess before proceeding further. Alberta Optometry has taken some dramatic steps forward in the 1970s. Some philosophical approaches have changed and even completely reversed over the past ten years. Some of the battles being waged in the 1970s are still ongoing. How determined we are to learn from our mistakes and build on our triumphs will mark our success in meeting the challenges of the decade ahead.

The 70s began with great promise when several significant changes to the Optometry Act and Bylaws were brought into being. Legislative confirmation of the "fee-for-service" concept of optometric remuneration, as opposed to the retail merchandising of optical goods, was introduced and passed as the decade began. Optometrists were legally required to calculate all fees according to specific values for specific services rendered. The wholesale laboratory cost of the ophthalmic materials dispensed were passed on to the patient without mark-up.

A continuing education bylaw, the first in Canada, was enacted in 1970. A minimum of 12 hours of approved post-graduate education was, and still is, required each year in order to maintain a license to practice Optometry in Alberta. Although far from ideal, it was a pioneering attempt to cope with the problems facing the professional practitioner who must keep current in an age of accelerating scientific advances.

Other legislative changes included more specific advertising restrictions. In publications such as the telephone directory yellow Pages, bold print box listings, etc. were expressly prohibited. It is interesting to note that, although in the 1980s advertising by professionals may well be viewed in a more toler-

ant light, very restrictive advertising legislation in the early 1970s was considered essential to the best interests of both the public and the profession. Several discipline "prosecutions" and "convictions" resulted from breaches of these bylaws throughout the decade.

In 1972 a Legislative Committee on Professions and Occupations, which became known as the Chichak Committee, was given a very broad mandate to investigate and recommend future government policy on legislation regarding all professional and occupational groups. The establishment of the Chichak Committee resulted in a "freeze" on almost all such legislation with the exception of housekeeping changes to existing acts and bylaws which was to last until its report was tabled in the Legislature in 1974. In fact, the "freeze" continued for the rest of the decade. Although many special resolutions requesting progressive changes and additions to the Optometry Act and Bylaws were passed by the A.O.A., almost none were enacted into law.

The first sign of a "thaw" came in 1978 when the government issued a White Paper entitled "Policy Governing Future Legislation for the Professions and Occupations". Alberta Optometry has since studied the White Paper and entered into a very positive dialogue with the government. As a result of this White Paper, two Bills - The Health Occupations Act (Bill 30) and The Architects Act (Bill 31) were presented to the Legislature at the 1979 Spring sitting. Since The Architects Act was meant to serve as a model for other new acts governing professions, and since The Health Occupational Act was umbrella type legislation with power to bring under its jurisdiction any health care occupation not already governed by its own act, these two bills sparked a great deal of public input from other professions and many organizations

representing health care occupations.

While the A.O.A. made a number of specific recommendations for amendments, it was felt that for the most part both bills were forward looking legislation. Apparently, however, this was not the general reaction and there was sufficient concern and lobbying to cause the government during the 1979 Fall sitting to withdraw both bills prior to second reading. It is anticipated both acts will be back in revised form for first reading during the current (Spring 1980) session of the Alberta Legislature.

Meanwhile the A.O.A. is engaging in philosophical exchanges with government representatives, submitting constructive detailed criticisms of the proposed model acts and preparing specific recommendations regarding the new Optometry Act which might become a reality as early as the Fall of 1981. The separation of what might be seen to be public interest and self interest activities of the profession (College/Association concept) is being considered by the A.O.A. This may not yet be practical because of the relatively small number of practitioners in the province and it is not being requested by government to date.

A priority of new optometric legislation will be the setting of stronger, more specific minimum standards of practice with fair but effective methods of monitoring and enforcing such standards.

Legislation enabling optometrists who have completed appropriate educational requirements to use diagnostic pharmaceutical agents will certainly be a major objective in upcoming discussions regarding the new Optometry Act.

Specific parts of the new Optometry Act dealing with the "academic" optometrist and the optometric student are being discussed. Such discussions confirm Alberta's quiet op-

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†Fichman, S; Simplified Cold Disinfection Procedure for Hydrophilic Lens. Contact and Intraocular Lens Med. J. 5: 38-39, 1979.



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timism that, after all the efforts throughout the 1970s by Dr. Hugh MacKenzie and his committee (and specifically Alberta's Dr. Walter Mitson and Dr. Ken Armstrong), Alberta may soon be the site of a new University Faculty of Optometry. In 1980 one thing seems certain, optometric legislative affairs in Alberta appear headed for exciting times.

By 1970 Albertans had for four years enjoyed receiving a benefit from the provincial medi-care plan for an optometric "refraction". Frequency of eligibility was complicated and restrictive. By 1973 it was relaxed to allow payment of one benefit within the plan's fiscal year for any registrant. The optometric service eligible for partial coverage was restricted to a "refraction". This was later redefined as an "oculovisual assessment including refraction and the provision of a written prescription for glasses". The benefit amount has never been negotiated. Optometry has not pressed for, nor received, any offer to participate in the process of determining how much the health care insurance plan will contribute towards an optometric service. The health care insurance contribution has been viewed as a benefit to the patient, not a fee to the optometrist. Therefore it was not felt appropriate to negotiate what the health care insurance plan would contribute to or on behalf of the patient. The autonomy of the practitioner to set his own fees and, should they exceed the health care insurance benefit, to bill the patient for the balance has been a very basic and precious premise to Alberta Optometry's approach to health care insurance during the 1970s. As a result, with very little pressure to raise the patient benefit, it remained unchanged at \$12.50 until 1976. Each year since then, the A.O.A. has been informed on January 1 that the benefit amount had been arbitrarily raised by an amount which reflected either the Anti-Inflation Board guidelines when relevant, or a percentage increase approximating that given to the Medi-

cal Association in their "negotiations". It rose to \$18.05 on January 1st, 1980.

In 1974 the provincial government announced the establishment of the Extended Health Benefits Program for all Alberta citizens over the age of 65 and their dependents. Recipients receive benefits for a wide range of health care needs such as dentures, hearing aids, and eyeglasses. Both optometrists and ophthalmic dispensers were paid fees based on 80% of the 1972 Suggested Schedule of Optometric Fees for the dispensing services, plus laboratory costs of lenses and a small amount toward the frame cost. No diagnostic services were included. Eligibility was not guaranteed due to a three year frequency restriction and so most optometrists opted to bill their patients directly and allow the patient to recover the benefit amount from the government. Benefit amounts continue to be arbitrarily increased by small percentages corresponding to the increase in basic health care coverage.

Annual meetings with Alberta Health Care Insurance Plan administrators have essentially been amicable, but unproductive. Suggestions for broadening the scope of optometric services eligible for benefits, eliminating the frequency restrictions, recognition of the professional referral, and observations about the inadequacy of the benefit amount provided by A.H.C.I.P. are the topics of discussion year after year. Aside from these annual meetings, the main communications between A.H.C.I.P. and the A.O.A. has been via the "Profile Committee". This committee is comprised of three optometrists appointed by the A.O.A. who investigate and advise A.H.C.I.P. on questions raised by the plan administrators when the computer detects that an optometrist's claims profile deviates greatly from the norm. Seven such investigations have been undertaken since 1974.

Balance billing by health care professionals became a high profile polit-

ical issue in Alberta and across the country in 1979. As a result, the A.O.A. reassessed its position on the matter and, although it feels strongly that more money should be paid in the form of benefits toward more optometric services, the right of the practitioner to set his own fees according to his own economic circumstances, quality of service rendered, etc. is a right that must be preserved. Belief in this principle was made unequivocally clear in a carefully prepared brief submitted in the Spring of 1979 to the Conservative Government's Caucus Committee on Balance Billing chaired by the Rev. David Carter, M.L.A. It would appear that the mood reflected in the Federal Anti-Combines Legislation of the late 1970s supports such a right. And so the 1980s begin with Albertans receiving benefits to help offset the cost of optometric examination fees - a concept unchanged throughout the past decade, but perhaps unique in Canada.

The greatest philosophical change undergone by the A.O.A. in the past decade has been in the area of third party contracts. In the early 1970's one of the main objectives and certainly one of the greatest single expenditures of the A.O.A. time and energy was devoted to negotiating contracts with various government agencies. No formal agreement existed between the A.O.A. and the Indian Affairs Branch of the National Department of Health and Welfare, D.V.A., Workers Compensation Board, or the Department of National Defense when the decade began. The provincial government paid a flat \$10.00 for treatment services to welfare patients and contracted with laboratories directly for ophthalmic materials. After first achieving recognition of the relative value of optometric services (both basic diagnostic and basic treatment) through contracts paying low monetary amounts, by the mid 1970s the A.O.A. had negotiated contracts with all of the above noted government agencies. These were the envy of other optometrists across the country, reaching 90% of

current suggested fee schedules.

An attempt at global budgeting for optometric fees in the provincial welfare program proved to be an extremely cumbersome and frustrating experiment. It succeeded in establishing a fee for service concept with government, but failed to provide prompt and adequate payment to practitioners. The government decided upon a lump sum payment to a fund administrator each year who in turn paid optometrists' claims originally at the rate of 30%, then 60% and finally by 1974, 90% of the 1970 Suggested Schedule of Fees.

Another interesting innovation introduced in Alberta was a flat per diem payment to optometrists who visited Indian reserves. When the last contract with National Health and Welfare was signed in 1976 the per diem rate was \$300.00.

By 1976, however, all other government agencies had decided to follow whatever agreement was achieved with the provincial government for social service recipients. As 1976 negotiations began, it became evident that the government was unwilling to pay the balance of the diagnostic fees not covered by the A.H.C.I.P. benefit. This change in government policy did not represent a dispute as to Optometry's right to balance bill, but was strictly an administrative decision. However, the A.O.A. felt that the principle of an adequate remuneration for diagnostic services, coupled with the "benefit" concept for A.H.C.I.P. payments, was vital to Optometry's survival and growth. To subsidize inadequate diagnostic fees by inflating treatment fees, as the government offered, would set the profession back decades to the days when optometrists were essentially purveyors of spectacles. Consequently neither side could abandon its principles and the era of third party contracts between government agencies and the A.O.A. came to an end.

Government wards are now seen as private patients and optometrists have the autonomy to determine what fee they will charge for their

services. Government agencies will pay "benefits" to the practitioner or the patient based on unilaterally set increments to the fees paid according to the last contract. In general, after some initial concerns, both the profession and the government are satisfied with the new concept, although government admits administration is more complex. The autonomy Alberta optometrists have cherished so much remains intact and practitioners are again free to exercise their professional right and duty in choosing who to donate their services to and to what extent.

During the early 70s when hard and sometimes bitter negotiating represented much of the time spent in dealing with government, it became evident that, as health care professionals, optometrists could not behave like the hard nosed, hired negotiators they faced across the table. It was realized that the optometric members of a negotiating team could function more effectively if their ranks were augmented by lay people hired for the purpose of negotiating. Our able Legal Counsel and eventually our Executive Director began to play key roles in the negotiating process. When negotiations with the provincial Department of Social Services broke down in 1975 the Minister refused to meet with the President of the A.O.A. because he had sat at the negotiating table. The lesson was learned and the President removed himself from negotiating in the future.

Since the end of the "contract era" in 1976, government relations have become much more positive and less adversarial in nature. Input to elected officials and bureaucrats alike has been far more constructive and a greater mutual respect is gradually developing.

Until 1974 the A.O.A. functioned in much the same manner for many years. The bulk of the workload fell on the shoulders of the President and the Secretary-Treasurer who was paid a modest honorarium. Finally it became evident that the workload was steadily increasing and the executive of the A.O.A. was no longer

made up exclusively of older, established practitioners who could devote more and more of their productive time to the Association administrative affairs. On September 15, 1974 the A.O.A. took the first of several steps to come to grips with the problem and an A.O.A. office was opened in the Tegler Building in downtown Edmonton and staffed by our capable Executive Secretary Miss Bonnie Werner. A year and a half later Mr. Adrian Berry, of Calgary, was hired as an Executive Director on a part-time basis. Mr. Berry still serves in that capacity, devoting about half of his working time to A.O.A. duties. These include administration, preparation of briefs, contacting and building liaisons with government, industry and other groups. Thus the A.O.A. executive officers are more able to devote their time to policy matters.

The new organizational structure has allowed the development of one of the most comprehensive occupational vision care and eye safety programs in North America and has allowed us to keep step with other professional groups of far larger membership and resources.

In December, 1979, with the pending demolition of the old Tegler Building, the A.O.A. office moved out of Edmonton's downtown area and into a bright new office with double the space and an image befitting a vital primary health care profession.

Such increases in sophistication as well as the inflation which typified the 1970s resulted in the operating budget for the A.O.A. rocketing from under \$50,000 in 1970 to a predicted \$180,000 in 1980. Annual membership dues were \$250 ten years ago. At the Annual Meeting held in December, 1979 the members approved a budget and annual dues of \$970 amending the \$870 amount requested by Council! A significant amount of the increased expenditures are being aimed at developing new methods of communicating Optometry's message through the institutional advertising of the Western Communications

Program, Occupational Vision Care Programs, and the National Advisory Committee on Vision Care Benefit Plans. Optometry's growth, and perhaps its survival, depend on the success of such programs.

In 1970 the late Dr. Stan James of Medicine Hat took over the Public Information Department of the A.O.A. and ran it from his office for several years. The A.O.A. was recovering from an expensive and relatively fruitless experience with a professional PR firm and Dr. James' efforts at very little cost provided far more in the way of T.V. coverage, dissemination of printed material, the drafting of press releases, etc. than did his professional predecessors. The A.O.A. office and Executive Director now serve much the same function as co-ordinators of public information projects. Optometric career material and promotion were a sizeable part of Public Information Department projects in the early 1970s but the difficulty students found in gaining acceptance into a Faculty of Optometry forced a slow down and eventually almost a complete cessation of these activities.

The number of optometrists registered and licensed to practice in Alberta rose from 124 in 1970 to 184 (including 8 out of province registrants) by the end of the decade. The net gain in optometrists practicing in the province has been steadily increasing since 1974. On the other hand a recent survey indicates that 35.4% of all Alberta optometrists plan to retire in the next 10 years.

In 1978, 40% of optometrists practiced outside the two major urban centres of Calgary and Edmonton which hold 50% of the province's population. No comparable figures were available for 1970. Almost all optometrists practicing in rural Alberta continue to provide a complete and "unified" range of optometric services. By mid-decade approximately 15% of optometrists practicing in urban areas had opted to provide diagnostic services only, a trend which appears to have remained approximately level in the past few years.

The 1970s saw Alberta Optometry conduct the most comprehensive economic survey and study ever carried out for the profession in Canada. A course for optometric assis-

stants was born, floundered for two years, and died at an Edmonton Community College. With A.O.A. sanction and help, the Alberta Optometric Assistants Association was formed and had been only moderately active until the 1970 C.A.O. Congress in Edmonton included an assistants education program for the first time. Strange as it may seem, in 1976 the Board of Examiners in Optometry and the Association decided to break a long standing and mysterious tradition and began to communicate with one another.

The maturity, strength and wisdom gained by the optometric profession in the 1970s allow us to anticipate the challenges of the coming decade with confidence. In retrospect, each experience, each leader, each philosophical shift of the A.O.A. policy in the past ten years contributed to the growing up of the professional body. Optometry has done well. If it continues to remember and build on past experience it will continue to do so.

Scott Brisbin, O.D.



## The Saskatchewan Optometric Association Report



In Saskatchewan in the early 'seventies 74 optometrists served the needs of the Saskatchewan citizens and in 1979 ninety two optometrists served the needs of approximately 1,000,000 persons. The percentage of female to male practitioners was 3% in 1970 as well as in 1979. The trend in establishing a practice in Saskatchewan is for the new member to join in an associate or group practice setting; the last solo practitioner office was opened in 1971. Important to the geographical distribution of the population there has continued to be a good urban-rural distribution of new practitioners.

The greatest thrust of public rela-

tions has been for the individual optometrist to become involved in community affairs, such as local governments, service clubs and community sport directors. In Saskatchewan the future lies in extending the optometrist's expertise outside the office and to become involved in community health planning, occupational and institutional delivery of vision care services.

The administrative affairs of the Saskatchewan Optometric Association has been handled very effectively by a seven man council which has responsibly served the regulatory and disciplinary functions of the public as well as the fraternal well

being of optometrists. The two major areas which occupied the Association's time in the early 70s, namely Medical Care Insurance Commission activities and legislative changes, remain dominant in recent council activities. If further expansion of council activities are to take a broader base it is foreseeable that paid administrative assistance will be necessary. In 1970 the annual license fee was \$200.00 and in 1979 the annual license fee was \$500.00.

Optometry enjoys an open door relationship with the Department of Health and thus the communication network is there. Basically the government in the early 70s accented