



GUEST EDITORIAL

The Coming Age of the Referral Clinic

Have you encountered a situation in which, having completed an oculo-visual assessment and reviewed the case, you are left uncomfortable and unsure of your diagnosis? Sooner or later all practitioners are presented with certain cases which pose questions and raise concerns. In a predicament such as this, would it not be advantageous to confirm your diagnosis by special testing? Unfortunately, many practitioners do not have the sophisticated instrumentation or perhaps the expertise to clarify these patient problems.

Ideally, would it not be preferable to refer such patients to an Optometric Centre for special testing procedures or a second opinion? After receiving a comprehensive evaluation and report of your case from this centre, you may now have a better understanding of the most appropriate management of your patient's problem.

Optometry is on the verge of a new beginning, incorporating the idea of the referral clinic. The concept of an independent intra-professional referral centre will improve the quality of vision care delivery to our patients. It also will have far-reaching effects upon the evolution of our profession.

One such centre is currently in operation in Toronto. A group of dedicated optometrists worked diligently toward the inauguration of a clinic to provide diagnostic services, clinical research, and a professional meeting place for practitioners. On November 9, 1983, the Optometric Institute was officially opened.

The Optometric Institute, a non-profit charitable organization, received initial funding from the Ontario Association of Optometrists and the College of Optometrists of Ontario. Funding for its continuing operation is achieved through donations, grants, continuing education, research contracts, and provision of clinical services. Additional operational support has been provided by the School of Optometry, University of Waterloo, and ophthalmic supply companies which have given equipment, materials and funds.

The care provided within the Institute does not replace the services available at a practitioner's office. Rather, the Institute offers specialized diagnostic and treatment procedures not normally available to private practitioners. These vision care services should therefore not be thought of as competitive with private practice, but rather as complementary. The Institute should be viewed as a hospital or outpatient facility in which the patient receives care unavailable in the private office.

The framework of services offered by the Institute was chosen to satisfy the following objectives:

- 1) To assist in the improvement of the standard of vision care services in the community;
- 2) To promote, encourage, and participate in the advancement of vision care research and preventive optometry;
- 3) To provide programs and facilities for the continuing education of optometrists and other health professionals;
- 4) To foster interprofessional cooperation;
- 5) To educate the public about vision.

1. Improvement of the standard of vision care services:

This objective is fulfilled through the creation of the primary care and specialty service clinics. Referrals to the Institute are accepted both intra- and extra-professionally. All patients referred, regardless of the problem, initially undergo a complete oculo-visual assessment in the primary care service. After the preliminary data is gathered and a tentative diagnosis is made, referral to one or more of the specialty clinic services is possible. The primary and specialty service clinicians review the case and prepare a letter reporting all findings of tests that relate to the diagnosis and prognosis of the patient.

At present the Institute has six specialty areas that provide advanced diagnostic and therapeutic services. The electrodiagnostic clinic offers practitioners many sophisticated procedures, including visually evoked response (VER), electroretinography (ERG), electrooculography (EOG), contrast sensitivity function (CSF), and objective automated computerized visual field assessments. The electrodiagnostic clinic has been the fastest-growing specialty service offered at the Institute.

The photodocumentation service allows optometrists and physicians to obtain a permanent pictorial record of an active or passive ocular pathology. Photodocumentation allows the practitioner to monitor the efficacy of a treatment, such as the effect of a contact lens on the cornea, or to observe the ocular side effects of certain systemic drugs.

The low vision service provides sophisticated methods of diagnosing and treating the visually impaired. Patients have been referred to the Institute for low vision services both nationally and internationally. Currently the Institute is having discussions with the Low Vision Association of Ontario regarding a jointly sponsored diagnostic/rehabilitation service.

Practitioners having difficulties with a contact lens patient may refer to the contact lens service for a second opinion. Advanced fitting techniques and specialized lenses are utilized by experienced clinicians.

The binocular vision service was established to assist practitioners to diagnose and treat binocular visual anomalies. After the binocular vision assessment, the clinician and the referring optometrist together develop an effective treatment regimen which may be initiated and monitored at the Institute or in the office of the practitioner.

Children and infants who may be suspected of having a visual, binocular, or perceptual problem are examined in the pediatric unit. The Institute offers a wide range of services to study and evaluate the development of the visual system. For infants who are "visually at risk," the pediatric service uses a preferential looking test which provides an assessment of the visual acuity of infants. These results can be compared with cortical potentials if necessary to cross-validate findings.

2) Promotion of and Participation in Research.

Vision care research is essential for the academic growth of the profession and the improvement of vision care delivery. As a clinical facility, the Institute utilizes data obtained from the primary and specialty care clinics, where the application of biostatistics and epidemiological data permits the identification of population groups who may be "visually at risk." The Institute is actively participating with private corporations and government agencies in research that has a clinical and practical application.

The facilitation of an effective research program requires the establishment of a library resource centre. In addition to an extensive collection of books, journals and publications pertinent to the practice of optometry, an on-line computer obtains information from databases world-wide. The library resource centre will not only support research, but will make available to all optometrists resources which they can use to expand the scope of their practices. This library resource centre is funded by a trust account established by the College of Optometrists of Ontario and the Ontario Association of Optometrists.

3) Provision for Continuing Education

Being a clinically oriented facility, the Institute provides continuing education programs directly relevant to the needs of practitioners. Courses offered include the evaluation of

Continued on p. 57



SECTIONS

Section Update: Children's Vision

At its Autumn, 1985 meeting, the Council of the Canadian Association of Optometrists formally approved the creation of the Children's Vision Section of CAO. Following are the terms under which the Section was constituted under CAO's By-law #52:

I — Need

The CAO Children's Vision Section should be established for the following reasons:

- 1) The need for definition of terminology;
- 2) the need for an advisory body to CAO;
- 3) the need for uniform standards for vision screening at preschool and school age levels;
- 4) the need for uniform standards for diagnosis and therapy;
- 5) the need for information exchange between optometrists, educators, physicians, psychologists, parents, education administrators, other disciplines and government;
- 6) the need to emphasize the relationship between vision and learning.

II — Scope

The broad based scope of this Section encompasses all areas of optometric diagnosis and therapy that are related to children. These include developmental vision, refractive disorders, binocular vision, amblyopia behavioral vision, learning disorders, and specifically learning disorders, in juvenile delinquency.

III — Functions

The functions of this section include:

- 1) Acting as an advisory body to CAO;
- 2) developing a CAO policy statement on children's vision;
- 3) developing a registry for referral purposes;
- 4) promoting the sharing and dissemination of information;
- 5) developing uniform standards for vision screening of preschool and school age children;

Continued from p. 9

diagnostic and therapeutic procedures and new techniques and instrumentation. They may consist of lectures, workshops, or direct involvement in a clinical setting.

Practitioners may elect to have their clinical proficiency evaluated confidentially. Strengths and weaknesses are identified, and where necessary, a program of upgrading in various areas may be established in order to assist individuals in reaching or maintaining the required level of competence for licensure.

4) *Fostering Inter- and Intraprofessional Cooperation*

Despite the trend toward group practice, the majority of optometrists in Ontario are solo practitioners. Having limited contact with colleagues and few opportunities for consultation, they feel isolated from their peers.

Physicians, on the other hand, communicate intraprofessionally through hospitals and clinics. These institutions allow an ongoing dialogue among medical practitioners with various areas of expertise.

An academic and clinical centre will encourage optometrists to share ideas and become aware of trends affecting private practice, thus improving intraprofessional cooperation and fostering camaraderie.

On the interprofessional level, the Institute acts as a community resource which is utilized by various health care practitioners and allied health workers. Referrals are received from local family physicians, neurologists, teachers, social workers, and rehabili-

- 6) developing a description of diagnosis and therapy methods and a definition of terminology;
- 7) performing any other function as directed by CAO Council.

IV — RULES

- 1) Officers will be elected every two years at the CAO Biennial Convention by the members of the Section who are present. The Executive Committee shall consist of:
 - i) Chairperson
 - ii) Vice-Chairperson
 - iii) Secretary-Treasurer
- 2) Membership is open to anyone who:
 - i) is a member in good standing of CAO;
 - ii) pays the annual dues of \$25.
- 3) Activities undertaken on behalf of this section must have approval of the Executive Committee of this Section.

Council, after approving the constitution of the Children's Vision Section, extended its congratulations to Ontario Councillor Dr. Margaret Hansen des Groseilliers who, as CAO liaison for the new Section, initiated most of the groundwork in developing the approved Terms of Reference.

Section Update: Sports Vision/ Contact Lenses

In what is fast shaping up to be a draw in the process leading to the formal Council approval of Section status, organizers for a proposed Sports Vision Section, and a proposed Contact Lens Section have submitted presentations for Council's consideration at its Spring, 1986 meeting.

Representatives of the Sports Vision group, in fact, have already held a meeting in Calgary last November and elected an executive to initiate the Section's activities once it is constituted.

In the June issue of the CJO, should Council's ratification be forthcoming from its Spring meeting, we will publish the Terms of Reference, as well as any news and information, from both these Sections, as well as an update on the Children's Vision Section.

tation specialists. All referrals have reports sent concerning the assessment. This helps to maintain open communication with other professions and results in improved health care delivery for the patients.

Educational presentations and joint research activities also serve to encourage interprofessional dialogue.

5) *Education of the Public about Conservation of Vision*

The Institute takes an active role in offering services and programs to the community through staff participation in health fairs, screening programs, and educational presentations on vision, eye health, eye protection and other areas of concern. Assistance is also offered to the disabled, the homebound, and to institutions for the mentally retarded and aged.

Although the Optometric Institute has only been in operation for a short time, its beneficial effects are quickly becoming apparent. The dedication of the Institute's board of directors, executive director, and clinical staff is reciprocated by the enthusiasm shown by the community. As an active participant at the Institute, I have come to appreciate the importance of a referral clinic. Although there is a great amount of organization and effort required to establish and maintain such a centre, the rewards to the profession, its individual members, and the community at large most definitely justify its existence.

David Ruskin, B.A., O.D.
Optometric Institute