



# In 2020, Don't Lose Sight of Vision Care Benefits

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**I**n 1862, Dutch ophthalmologist Herman Snellen developed the eye chart to study and measure visual acuity. While the Snellen eye chart continues to be a feature of optometry offices across Canada, much else has changed in vision care best practices. In 2020, the Canadian Association of Optometrists (CAO) is collaborating with insurers, advisors, and

plan sponsors within the private benefits sector to share these significant developments in care and encouraging them not to lose sight of best practices for vision care benefits in 2020 and beyond.

The Canadian workforce has changed considerably in recent years, putting pressure on vision and other healthcare benefits. The average age of workers continues to increase as the last of the baby boomers reaches age 55 and a growing number of Canadians choose to prolong their working life up to or beyond age 65. An aging work-

force and higher rates of chronic diseases like obesity and diabetes at younger ages threaten vision health in ways we haven't encountered before and are driving the need for better access to vision care assessment and treatment. Fortunately, optometric care has evolved to respond to this changing environment. Technological advances like digital fundus cameras, optical coherence tomography, and retinal cameras have raised the standard of care for conditions such as diabetic retinopathy, glaucoma, age-related macular degeneration, and dry eye

disease. They provide optometrists with a more comprehensive understanding of the eye and interconnected systems. This allows optometrists to deliver medically necessary assessment and monitoring to protect deteriorating vision due to chronic illness or diagnosed progressive disease of the eye or aging. The result for patients is more timely and effective care than ever before.

The optometry profession can offer valuable new technological solutions to vision care challenges in the workforce, but they cannot be effective if patients are unable to access them.

### What Has Remained the Same

The value Canadians place on their ability to see and access quality vision care is as significant as ever. According to an April 2019 Ipsos poll, 76 per cent of Canadians identified vision loss as the disability they feared most. An April 2017 Nanos poll showed that 8.3 of every 10 Canadians gave vision care the highest level of priority, over dental or hearing care. However, vision care benefits have remained largely unchanged over the last few decades. In 2019, the CAO commissioned research on the current landscape of vision care benefits in Canada, culminating in a report called 'Vision Care Benefits in Canada and the Case for Reform,' which found that, by and large, vision care benefits are outdated and inadequate for today's workforce. The report is planned for release later this year.

### What Must Change

Vision care technology, optometrists' ability to care for their patients' vision health, and patient needs have changed while vision care benefits have not correspondingly kept pace. As a result, satisfaction with vision care benefits is low. According to the 2016 Sanofi Canada Healthcare Survey, 35 per cent of plan members describe current coverage as excellent or very good while 21 per cent describe it as poor or very poor – this is 'the highest "failure" rate among all the benefits. Based on the 'Vision Care and Canadians Study,' conducted by Abacus for the Canadian Association of Optometrists in 2020, not much has changed; 16 per cent were either dissatisfied or very unsatisfied with their vision care benefits. The survey also found that cost is a factor for 71 per cent of Canadians when deciding to access vision care services and this likely causes

some Canadians to forgo at least some services which would be of benefit to their vision and eye health. Even among those with vision care benefits, 24 per cent reported not getting needed services due to the cost.

Plan sponsors should be keen to review vision benefits and enhance preventive care for assessment and monitoring based on the latest optometry practice guidelines. Mak-

VISION CARE TECHNOLOGY, OPTOMETRISTS' ABILITY TO CARE FOR THEIR PATIENTS' VISION HEALTH, AND PATIENT NEEDS HAVE CHANGED WHILE VISION CARE BENEFITS HAVE NOT CORRESPONDINGLY KEPT PACE.

ing changes to vision care plan design now will result in benefit plan savings for non-eye related medical costs moving forward. Numerous studies – including the 2012 Canadian National Institute for the Blind (CNIB) study 'The Cost of Vision Loss in Canada' – have demonstrated that patients with vision loss have higher non-eye related medical costs than those without vision loss. Poor vision also costs plan sponsors through productivity loss, presenteeism, absenteeism, and effects on employees' mental health. The CNIB estimates productivity costs related to vision loss costs the economy \$4.4 billion annually. In 2016, nearly one million Canadians missed work or school because of vision problems and a survey of American adults found a shocking 90 per cent reported that visual disturbances are negatively impacting their work.

### What CAO Is Doing

CAO is leading a program to support the modernization of group vision care benefits in Canada that will improve vision and vision related health outcomes. It is working with insurers, advisors, and plan sponsors within the private benefits sector to ensure Canadians don't lose sight of vision care benefits in 2020. The campaign's *raison d'être* is to ensure plan members and their

dependants have access to quality vision care consistent with today's standard of care.

Following from its research on the current vision care benefits landscape in Canada, the CAO has prepared a 'Best Practices Guide to Vision Benefits' (to be released in 2020) which details the current standard of care and provides recommendations for plan designs that would better meet the vision care needs of the Canadian workforce.

Recognizing the need to support the private benefits sector to put CAO's recommendations into practice, it has conducted a market analysis of private vision care plans, vision care costs, and best practices and is proposing plan sponsors consider changes to group vision care plan designs that will deliver better value for sponsors and members alike, affordably and sustainably. The plan options outlined in the guide include recommendations for comprehensive, routine eye examinations in accordance with clinical practice guidelines, coverage for frames and lenses, and additional coverage for assessment and monitoring care for complex conditions that are not foreseeable and not currently available under most group insurance programs.

Addressing the needs of today's workforce will improve employee access to medically necessary vision care services, improve satisfaction and retention, and optimize the value for money of vision and extended health plans. **BPM**



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