Vision Care Benefits

The Case for Comprehensive Coverage

Diagnostic and imaging technologies developed over the past two decades have improved optometrists' ability to detect eye diseases early during comprehensive eye examinations, and manage diseases effectively.

Unfortunately, some group vision care plans have not kept pace with these innovations, either due to insufficient maximums for comprehensive eye exams, or because diagnostic imaging technologies are not eligible for coverage under their plan. These type of gaps in care may limit access to early detection of eye disease for plan members. Diseases like glaucoma, diabetic retinopathy, and age-related macular degeneration (AMD) usually develop after age 40 and can have serious workplace consequences if they go undetected and untreated.

By providing a vision care benefit that includes diagnostic imaging, insuers and plan sponsors support early detection and management of eye diseases that can lead to vision loss.

Early Detection and Disease Prevention

Chronic disease accounts for 65% of all Canadian deaths [i] and more than $190 billion in annual healthcare costs. [ii] Prevention, early detection, and treatment of chronic diseases, including those of the eye, is a cost-effective approach to effective disease management and preventing co-morbidities that can be life-changing or life-threatening. The 2026 handbook provides you with the most current medical evidence to support including diagnostics and imaging as part of comprehensive eye examinations, and for follow-up testing between comprehensive examinations when clinically indicated.

Several eye diseases are chronic ones that benefit from early detection and treatment, especially glaucoma, age-related macular degeneration (AMD), and diabetic and hypertensive retinopathy.

Early detection with screening is the best approach to preventing severe conditions and high treatment costs.

Patients May Not See It

Like many other chronic diseases, the symptoms of eye disease are often only noticeable to patients after their condition has advanced to a stage at which treatment is both challenging and expensive, with poorer long-term outcomes.

The Comprehensive Exam

Prevention Starts Here

A comprehensive eye examination is not only the best tool for the early detection of eye disease, but also for several systemic diseases. It is based on the premise that structural change in the eye (often at the microscopic level) manifests itself well before any functional changes and vision loss occur (See ***Figure 1***).

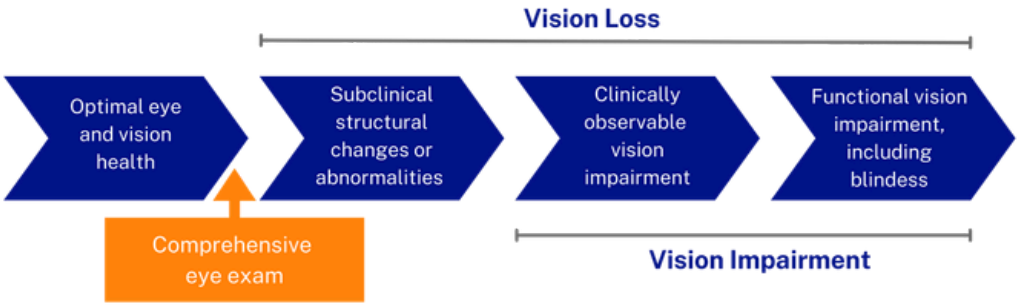


Figure 1. Adapted from the National Academies of Sciences, Engineering, and Medicine (2016)

More than 90% of vision loss in Canada can be detected early and prevented from progressing to functional vision impairment, if comprehensive eye examinatons are performed according to recommended frequency guidelines, including diagnostic imaging.[iii]

Today's comprehensive eye examination is not the same as it was in the 1990s or early 2000s. There have been many new technological and clinical advances in the 21st century. These technologies are essential for detecting microscopic structural changes in the eye at the earliest signs of disease. They allow optometrists to not only detect eye disease but many other health conditions, including hypertension, cardiovascular disease, multiple sclerosis, tumors, Crohn's Disease, and many others.[iv]

20% of Canadians have an eye disease that may lead to blindness.[v]

Many are in today's workforce.

Without early detection and treatment, the costs incurred by plan sponsors and insurers will be much higher in the long term when the diagnosis is delayed until the disease is symptomatic and has progressed to significant vision impairment.

Additional costs because of a delayed diagnosis will include prescription drugs, including treatment related to depression, injury, falls, nursing care, presenteeism, absenteeism, and disability.

The cost of early detection and management through diagnostic imaging is not prohibitive. While fees vary by province, locality, and provider, the range for a comprehensive eye examination that includes diagnostics and imaging is generally between $200 and $250.

If patients have abnormal diagnostic imaging results or are diagnosed with an eye disease, their optometrist will usually book a follow-up appointment within 24 months of their comprehensive eye examination. The cost for a recall or follow-up appointment with testing will range between $50 and $150.

Components of the Comprehensive Eye Examination and Follow-Up Appointments

Acomprehensive eye examination conducted by an optometrist is recommended once every 24 months for most adults and annually for most children and seniors.

The exam has 9 essential components:

1. Medical and ocular history check
2. Visual acuity examination and refraction
3. Ocular motility examination
4. Slit lamp examination of the anterior segment of the eye
5. Visual field test by confrontation
6. Fundus examination - dilated (when clinically indicated)
7. Tonometry – measures intraocular pressure (when clinically indicated)
8. Advice and instruction to the patient as needed
9. Prescription and referral if indicated.

Optometrists will use diagnostic imaging to record a baseline for comparison of future changes, when age, personal or family medical history, or other factors indicate risk of disease, or to assist with diagnosis. Normally one or more of the modern diagnostics and imaging tests listed on page 5 will be included as part of the comprehensive eye examination. With these tools, the comprehensive eye examination becomes one of the best and most cost-effective preventive screening and diagnostic tools available.

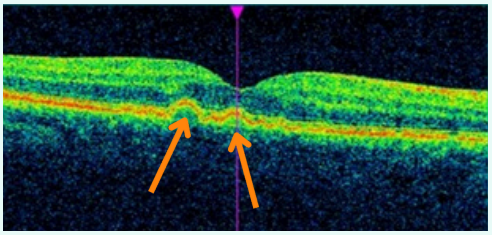
Health Care Spending Accounts

Some plan members may be encouraged to use their health care spending account (HCSA) to cover vision care examinations along with a host of uninsured services, all competing for the same dollars. Moving diagnostic services like exam fees to HCSA can mean that plan members may opt not to receive essential services either because they do not understand their value or because there are other competing expenses with limited HCSA dollars.

Modern Diagnostics and Imaging Tools

Optical Coherence Tomography (OCT)

An imaging technique that uses light waves to create detailed 3D images of the layers of the retina. It is used to help diagnose and monitor the progression of eye diseases, including **diabetic retinopathy, AMD, and glaucoma.**



OCT with AMD

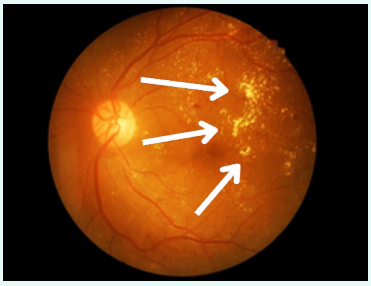
Heidelberg Retinal Tomography (HRT)

Similar to an OCT, theHRTis animaging technique that uses a laser to create a 3D image of the back of the eye, particularly the optic nerve and retina. The purpose is to detect and monitor conditions that affect the optic nerve, such as **glaucoma.**

Full Threshold Visual Field Testing

This checks for any areas of vision loss or damage to the peripheral vision, which can be an early sign of eye diseases like **glaucoma or retinal detachment**. A special machine emits flashes of light to create a detailed map of an individual's peripheral vision.

Retinal Imaging & Widefield Retinal Imaging



Retinal Image of Retinopathy

Retinal imaging is a medical imaging technique that allows optometrists to take images of the retina. Widefield retinal imaging captures a wider area of the back of the eye than traditional imaging methods. These images can help optometrists detect and monitor eye diseases, such as **diabetic retinopathy, AMD, and glaucoma**.

Autofluorescence

Aspecialcamerais used to capture images of the retina as it emits fluorescent light. Images can provide information about any abnormalities or damage to the retina and detect a variety of eye diseases, including **AMD**.

Anterior Segment Photo Documentation

Amedical imagingtechnique that capturesdetailed images of the front part of the eye, including the cornea, iris, and lens from different angles and positions. This helps optometrists diagnose and monitor eye conditions that affect the front part of the eye, including **cataracts, glaucoma, and corneal disorders**.

How Eye Disease Affects Working-Age Canadians

Eye disease including diabetic retinopathy, AMD, and glaucoma are all leading causes of vision loss that can affect individuals in their working years, increasingly as we age.

Diabetic Retinopathy: Diabetic retinopathy affects approximately one million Canadians [v] and manifests as dark patches of vision loss, which increase as the disease progresses. Unaddressed, diabetic retinopathy leads to retinal detachment and blindness. The odds of a person being unable to work because of diabetic retinopathy are roughly twice those of someone whose diabetes and retinopathy are under control. They are likely to have 40% more sick days.[vi] Benefit costs can reach almost $20,000 annually, nearly double of an employee with diabetes whose vision health is preserved.[vi]

Age-related Macular Degeneration (AMD): AMD affects approximately 2.5 million Canadians [v] and manifests as a reduction of central vision, which increases as the disease progresses. There are AMD treatments that are successful in slowing down or stopping the progression of damage to the eye, thus preventing severe vision loss and additional costs to plan sponsors. However, optimal patient outcomes depend on early detection and consequent early treatment.[vii]

Glaucoma: Glaucoma affects nearly 750,000 Canadians [v] and manifests as a reduction in peripheral vision. By the time a patient notices a change in their vision, it is usually too late to prevent permanent vision loss. Peripheral vision continues to reduce as the disease progresses. Early detection of glaucoma is crucial to its successful management. In addition to the visual manifestations, mental health impacts can also occur. One in five glaucoma patients suffer anxiety and depression, and 50% suffer sleep disorders.[viii]

Vision with Diabetic Retinopathy

Vision with AMD

Vision with Glaucoma

The Impact of Eye Disease on Quality of Life

If not caught early and stopped from progressing, eye diseasewill have a signiciant impact on a patient's quality of life. The impact can be as severe as that of cardiovascular disease, kidney disease, and some cancers.

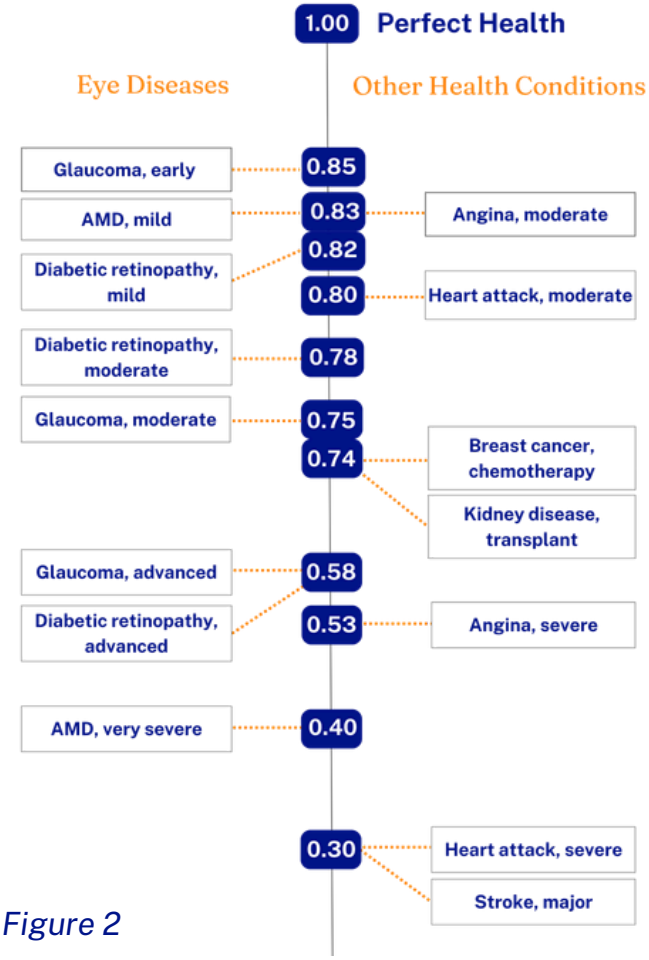


Figure 2

Figure 2 provides a numeric representation of the impact of eye disease on quality of life. It offers a comparison between some eye conditions and cardiovascular disease, kidney disease, and breast cancer.

Provincial Coverage

Provincial health plans do not coverv ision care for the vast majority of working-age Canadians. This makes group vision care plans critically important for maintaining the vision health of working Canadians and identifying eye diseases early.

Provincial coverage is inconsistent across Canada. Some provinces offer assistance for some adults, including those with a diagnosed eye disease. Patients with glaucoma, AMD, and diabetic retinopathy usually have access to some public coverage once their condiiton is at an advanced stage. Comprehensive eye examination coverage is provided to children in some provinces but often comes with stringent age parameters.

Closing the Gaps in Vision Care Coverage

Gaps in group vision care plans have developed as new clinical standards of practice and supporting technologies have become available, while group vision care coverage has been slow to adapt. Many plans continue to fall short.

Filling the gaps in vision care benefits does not overburden group benefit plans. Just the opposite. Including coverage to identify and treat serious eye diseases early mitigates their debilitating and costly impact on plan sponsors when they are left undetected. Current best practice vision care includes diagnostics imaging when from an optometrist during a comprehensive examination.

A small percentage of patients will require follow-up appointmentse to monitor their eyes for changes, signs of disease progression, or, following a diagnosis, to monitor the effectiveness of treatment and manage their condition.

Want to know more about vision care practices, eye disease and prevention, or why myopia is growing and what you can do to prevent it in you and your children? Contact the CAO to arrange a webinar with one of our member optometrists for you and your associates.

Unmanaged or advanced stages of disease doesn't just affect plan members and their dependents. It also impacts teh financial health of benefit plans through drug costs, presenteeism, absenteeisn, and ultimately long-term disability associated with advanced stages of eye disease.

Working Canadians rely on their group benefit plans for their vision health, and they place a high value on the benefit. Plan sponsors can leverage their benefit plan, including vision coverage, to attract talent. Plan sponsors should be encouraged to fill the gap in their vision care benefit by including a sufficient allowance for diagnostic iamging as well as recall or follow-up examinations.

The Canadian Association of Optometrists calls upon group benefit stakeholders to review and modernize group vision care plan provisions, so they meet modern clinical standards of practice and the technological innovations that enable them.

To find out more, visit
www.dontlosesight.ca

Contact us at **dontlosesight@opto.ca** or **info@opto.ca**

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