

Eye Health Council of Ontario (EHCO)

Terms of Reference – March 2011

Mandate:

The official title of this council shall be the Eye Health Council of Ontario (EHCO).

Its mandate is to support the provision of accessible, quality eye care to the population of Ontario by ensuring the most effective use of the continuum of eye care professionals in the interests of patient safety, quality of care, and cost-effective delivery.

Goals:

The Eye Health Council of Ontario (EHCO) represents a forum and opportunity to:

1. Allow for maintenance of high quality eye care making the best use of all expertise available.
2. Ensure public safety.
3. Ensure that undue stress is not placed on providers of eye care, further impairing the system.
4. Make the best and most cost-effective use of resources (including health human resources) available to Ontarians.
5. Allow for the development of shared collaborative guidelines for patient care in Ontario.
6. Allow for open and positive inter-professional collaboration outside the regulatory framework.
7. Provide educational information to the public on how to most efficiently gain access to the appropriate level of eye care for their needs.
8. Allow for an extended meeting annually with all appropriate stakeholders (may include opticianry, industry, CNIB, family physicians, etc.).
9. Provide a unified voice for eye care issues at MOHLTC, and within Ontario.

Deliverables:

EHCO will help to achieve these goals by:

1. Providing a high-level forum for interprofessional collaboration, facilitating knowledge transfer among participants.

2. Developing strategies to help optometrists, ophthalmologists, and family physicians deliver eye care in the most effective way. Such strategies may include mutually agreed-upon guidelines for collaborative care. EHCO Terms of Reference 2

Participants:

Members

Ophthalmology (7 members): Representation from academic ophthalmology (3 - university ophthalmology post-graduate training programs), political ophthalmology (2 - provincial Society of Ophthalmology) and members-at-large (2).

Optometry (7 members): Representation from academic optometry (2 - University of Waterloo School of Optometry (UWSO), 1 - Vision Institute of Canada (VIC)), political optometry (2 - Ontario Association of Optometrists (OAO)) and regulatory optometry (2 - College of Optometrists of Ontario (COO)).

Initial terms for the (maximum) 14 ophthalmology and optometry members shall be a 3 year term renewable once for a 1, 2, or 3 year term; thereafter, terms will be 3 years.

College Observers (2 members): from CPSO, COO

Ministry of Health (1 member): To provide strategic counsel to the Council as it relates to the health care system and the Ministry's stewardship.

The Ministry will appoint a senior bureaucrat (not an optometrist or ophthalmologist) to observe, consult, provide Ministry guidance, and assist in bringing recommendations that are supported by all members of EHCO to the attention of the Ministry. This appointment will be a non-voting position.

The Council will approve the representative from the MOHLTC.

Contributors

Family Physicians: Family Physicians are often the initial contact with the patient and as such have critical knowledge relating to their patients' overall health. They play a pivotal role in determining how treatment may impact their patients' overall health and in accessing other health professionals.

Family physicians are able to identify areas of eye care that patients are having difficulty accessing and participate in the development of patient referral streams. Family physicians will benefit from improved guidelines relating to the most appropriate direction of referral for their patients with eye complaints (optometrist or ophthalmologist).

Stakeholders

It is recognized that other groups influence the delivery of eye care in the province. However, these groups are not directly involved in the provision of eye health care and thus would not be actively involved in the development of collaborative care models. They would be involved as the need arises for collection and dissemination of information, and inter-professional educational purposes.

Opticians: Opticians have specialized training in the fitting, dispensing and proper use of glasses and other optical aids. Opticians form a critical link between the optical treatment prescribed by optometrists and ophthalmologists and its practical implementation by the patient. Through their contact with Ontarians, opticians are well positioned to provide patient education about the importance of regular comprehensive examinations.

CNIB and other Not-For-Profit Charitable Organizations: Organizations such as the CNIB play critical roles in the provision of optimal eye care. Involvement of these groups is important to ensure that their opinions of how to optimize eye care delivery are heard. EHCO Terms of Reference 3

Industry: Private industries provide optical devices (glasses, contact lenses and intraocular lenses) and many of the tools and equipment required for examination and surgery, and, as such, are a key partner in the delivery of safe, quality, cost-effective eye care in Ontario. Industrial partners will provide continuing support for eye care providers and follow approved protocols for marketing of medications to optometrists, ophthalmologists and family physicians; and optical devices to optometrists, ophthalmologists and opticians.

Governance:

Chair: 2 co-chairs shall chair the meetings.

One chair shall be an optometrist, the other an ophthalmologist.

The co-chairs will alternate between chairing the meeting and serving as secretary for the following meeting.

The chairs shall be nominated from the council and will require 2/3 approval.

Co-chair appointment is for a 1-year term renewable three times

Quorum: Shall be a minimum of 4 members from each of ophthalmology and optometry, inclusive of chairs.

Decision-making: Items require a 2/3 majority vote to be approved, and must be pre-circulated.

Members may vote by proxy.

Meetings: EHCO will meet at least 4 times annually. One of those meetings should involve extended contributors at the invitation of EHCO. It is understood that in the first year, involvement of extended contributors might not occur as the council requires development of its organizational framework.

The ultimate goal of EHCO is the delivery of accessible, safe, quality eye care by the provider best positioned to do so in their area of the province. Wait times should decrease, quality of care should improve, and adverse outcomes should be minimized. The independent professional Colleges will continue to ensure public safety through regulation of their professional members. The Council, through knowledge transfer and cooperative sharing of best practice information, will be positioned to provide

valuable information to all participants, including the Ministry, to continually improve the delivery of eye care in Ontario.