APPENDIX B

Summary Regarding Resolution Concerning OAO – MOH Minutes of Settlement:

March 7, 2023

Dear OAO Members,

After over a year of engaging in productive bilateral discussions with the Ministry of Health, the OAO is pleased to announce that we have reached a new, tentative agreement. This agreement is being put to the OAO's membership for ratification.

This agreement is focused on modernizing an outdated eye care delivery model that was flush with barriers to care and inefficiencies. The agreement's proposed changes evolved from clinical evidence, expert advice and jurisdictional best practices with a focus on the prevention of sight loss for all Ontarians. We firmly believe that these changes will enhance eye care in Ontario by investing in and prioritizing early intervention in the management of all sight threatening conditions, especially glaucoma and diabetic retinopathy. The proposal presented below is composed of both appropriateness changes and targeted reinvestments into new and existing optometry fee codes.

The OAO Board of Directors unanimously recommends that its members vote in support of ratifying this deal.

Sincerely,

Josephine Pepe

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OAO President

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Context for Tentative Agreement

Since late 2021, the OAO and Ministry of Health have engaged in negotiations for an agreement that makes meaningful changes to the OHIP Schedule of Benefits for Optometry Services. Over the year and a half of negotiations, the OAO and Ministry of Health have held numerous virtual and in-person meetings, reviewed and discussed clinical evidence and best practices from Ontario and other jurisdictions, and debated how to modernize compensation for optometry services in Ontario. Throughout the process, the OAO has taken a patient-centric approach focused on improving patient access and outcomes, as well as ensuring sustainability and fair compensation for Ontario optometrists.

The OAO negotiation team has been supported throughout by OAO staff and a professional legal advisor and negotiator from the Fasken law firm in Toronto.

Against this backdrop, the tentative agreement makes meaningful changes to existing OHIP fees, introduces new fees, and makes other important changes to insured optometry services based on appropriateness principles. In doing so, the tentative agreement represents changes to modernize optometric service delivery in Ontario.

The OAO has carefully reviewed the economic and fiscal situation in Ontario, the experience and outcomes of optometry negotiations in other provinces, and other relevant labour negotiation developments. The OAO Board of Directors believes the tentative agreement is an important step that brings optometrists into the role of leaders in the health system. It will also significantly improve optometrist compensation and practice under OHIP. The agreement will be in force until March 31, 2025, and *requires* the OAO and Ministry of Health to begin negotiations for a new agreement in November 2024. In this way, the agreement provides much needed stability and improvements for Ontario optometrists, and establishes a foundation for continuing modernization and cooperation with the Ministry of Health that will ensure optometrists do not fall behind again.

The OAO Board of Directors unanimously recommends that OAO members vote to ratify the tentative agreement.



Schedule of Benefits for Optometry Services
2023 Tentative Bilateral Agreement
Term 2021 - 2025

ONTARIO ASSOCIATION OF OPTOMETRISTS

Summary of Tentative Agreement

A. Appropriateness Changes

All changes are informed by the best clinical evidence available to the parties or expert advice.
The changes outlined reflect a modernization of the fee schedule – the first significant update of its kind in decades.

1) MEE Form

Remove the MEE requisition form as a pathway for adults to receive OHIP-insured eye exams from optometrists. As all Ontarians with sight-threatening conditions are already insured through OHIP, this pathway is redundant and unnecessary.

2) Ocular Drug Toxicity Screening

Addition of V409 coverage for patients taking:

- Hydroxychloroquine
- Chloroquine
- Ethambutol
- Tamoxifen

Coverage will be added for patients at risk for ocular drug toxicity. This new coverage removes the old bureaucratic system in place for patients trying to access this type of care.

3) Amblyopia & Strabismus

Remove amblyopia (and visual field defects) and strabismus from the list of medical conditions for which adult eye exams are insured.

Evidence indicates intervention is most effective in early childhood and that ongoing monitoring of adults with these conditions does not improve health outcomes.

4) Acquired Cranial Nerve Palsy/ Acquired Strabismus

Addition of V409 coverage to include patients with acquired cranial nerve palsy and acquired strabismus during the acute phase or until the condition resolves or stabilizes.

5) Diabetes

Continued V409 coverage for patients with a diabetes mellitus diagnosis that are managed with medication or diet & exercise.

Prediabetes remains an uninsured condition.

As is currently the case, optometrists may use their discretion in how to determine whether a patient has diabetes.

6) Glaucoma

V409 coverage for patients diagnosed with glaucoma and who require or have had treatment using medication, laser, or surgery.

Glaucoma suspects and narrow angles remain uninsured conditions.

7) Cataracts & Posterior Capsular Opacification

V409 coverage for patients with a VA of 20/40 or worse in the best-corrected eye, or when a surgical referral is made.

8) Retinal Disease

V409 coverage for patients with retinal disease that is **acute or chronically progressive.**

Examples:

- **Insured:** New-onset central retinal vein occlusion, macular degeneration
- **Uninsured:** Old full-thickness macular hole no longer requiring treatment, treated retinal tear deemed to be stable

9) Corneal Disease

V409 coverage for patients with corneal disease that is **acute or chronically progressive.**

Examples:

- **Insured**: Corneal ulcer, keratoconus
- **Uninsured**: Corneal scar

10) Optic Pathway Disease

V409 coverage for patients with optic pathway disease that is **acute or chronically progressive**.

Examples:

- **Insured:** Acute Optic neuritis, papilledema
- **Uninsured**: Old AION, stable optic atrophy

11) Uveitis

V409 coverage for patients with acute and chronic uveitis only during episodes of active inflammation.

12) V408 Diagnostic Codes

V408 insures any medical condition that is covered by a major eye exam as long as the condition was present at the previous major eye exam.

Limit of two per 12-month period.

Examples:

- **Insured:** V408 glaucoma follow-up to a previous V409 exam where diabetes and glaucoma were both present and the 250 code was used
- **Uninsured**: V408 new corneal ulcer only present 1 month after a V409 diabetes exam and the 250 code was used

13) V410

V410 is an insured service for all age groups only when a patient has the following conditions:

- retinal disease (including diabetic retinopathy)
- glaucoma
- active optic pathway disease
- ocular drug toxicity screening
- acquired cranial nerve palsy

14) Complex Specialty Care (Amendments/Commentary)

Clarification that certain services are not considered part of a V404, V406, or V409.

These uninsured services **may not** be billed to OHIP.

Legislation does not prohibit patient charges for uninsured services.

Complex Specialty Care (Clarification on Uninsured Services)

1. Comprehensive binocular vision assessment for the purposes of informing a vision therapy program
2. Vision therapy
3. Myopia control management
4. Axial length measurements
5. Aberrometry
6. Corneal topography
7. Specialty dry eye assessment and treatment procedures
8. Macular pigment optical density;
9. Eyelash epilation
10. Foreign body removal
11. Preparing or providing a drug or other substance used for treatment (e.g., in-office treatment of demodex blepharitis, Betadine treatment for viral conjunctivitis)
12. Screening visual fields
13. Pachymetry
14. All forms of anterior and posterior segment imaging, including but not limited to: retinal imaging, optical coherence tomography, and meibography
15. Low vision assessment/rehabilitation
16. Services by virtual means, including telephone, video, or text
17. Travel expenses incurred to provide services outside of the usual geographic area of practice
18. Drug prescription renewals unrelated to an insured service
19. Additional copies of the optical prescription
20. No-show fees (also called rebooking fees)
21. Some third-party requests/reports

Note: Gonioscopy is not currently listed as an element of an insured service.

15) Frequency of V406s

Seniors with the same eligibility conditions as adult V409s would continue to be eligible for a V406 every 12 months.

Seniors without an eligible medical condition would be eligible for a V406 every 18 months.

16) Additional Annual Exams

Additional Periodic Oculo Visual Assessments for patients who have already received a V404, V406, or V409 service within their eligibility period are uninsured, whether provided by the same optometrist or a different optometrist.

17) Senior V402s

Seniors with the same eligibility conditions as adult V409s: two V402s every 12 months.

Seniors without an eligible medical condition: two V402s every 18 months.

Fee remains unchanged at $25.15.

B. Re-Investments

18) V450/V451

ODSP (V450) and Ontario Works (V451) Increase from **$39.15 to $48.00.**
Effective April 1, 2023.

19) V404

Increase from **$48.60 to $51.00** (2023).
Effective April 1, 2023.

20) Cycloplegic Refraction Code (Pediatric only)

Tandem code billable once annually for children up to and including 15 years of age for the evaluation and assessment of strabismus or amblyopia requiring glasses or contact lenses **$25.00 code tandem fee code** may be added to the V404 **or** V402 but only once per 12 month period.

A V404 with cycloplegic refraction pays **$76** ($51+$25).

21) V406

Increase from **$60.00 to $80.00** (2023).
Effective April 1, 2023.

22) V409 Increase

Increase from **$43.80 to $55.00.**
Effective April 1, 2023.

23) Glaucoma Complexity Code

- New tandem fee code for patients with glaucoma in recognition of the increased complexity of care
- Billable once annually at the POVA visit only (not minor assessment visits)
- **$30.80 tandem fee code**
- **V404-365** pays **$81.80** ($51+$30.80)
- **V409-365** pays **$85.80** ($55+$30.80)
- **V406-365** pays **$110.80** ($80+$30.80)

24) Diabetes Complexity Code

- New tandem fee code for patients with diabetes with ocular complications (diagnostic code 248), in recognition of the increased complexity of care
- Billable once annually
- **$40.00 tandem fee code**
- V404-248 pays: **$91.00** ($51+$40)
- V409-248 pays: **$95.00** ($55+$40)
- V406-248 pays: **$120.00** ($80+$40)

24) Establish an Optometry Services Committee

Provide a forum for ongoing consultation between optometrists and the Ministry of Health and to:

- Provide a mechanism for the parties to continue to discuss general health care policy and system issues affecting optometrists
- Work collaboratively on the development of educational material prior to the implementation of any fee code changes
- Commit to further discussion between the Parties regarding direct referrals from optometrists to physician specialists other than ophthalmologists (neurology, rheumatology, endocrinology, dermatology)

25) Framework for Ongoing Negotiations

- Agreement will expire on March 31, 2025
- Commence negotiations for a new agreement on November 1, 2024