EYE PHYSICIANS AND SURGEONS OF MANITOBA

The Future of Eye Health Care in Manitoba:

A Discussion Paper

Envisioned by EPSOM

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A. Introduction and Purpose

EPSOM envisions a future with improved quality, accessible and timely eye health care and treatment for all Manitobans and patients in surrounding catchment areas of Northwestern Ontario and the Kivalliq region of Nunavut.

Although eye health care professionals in Manitoba are doing their best to prevent and treat blinding eye disease, there are many challenges. Remote access to specialists, nursing staff and surgeon shortages, funding limitations and aging infrastructure are some of the many short and long-term challenges facing ophthalmology care in this province.

This document presents a better future for eye health care and treatment in Manitoba for the next 15 years. All stakeholders will be encouraged to address the challenges, focus on strategies, recognize areas of future investment, and ultimately be guided by the roadmap provided.

B. Our Envisioned Future Statement:

Improved quality of Manitoba eye health care and treatment enhances the quality of life for all.

We must work towards a better future that offers all Manitobans, and patients in the surrounding catchment area, better access to ophthalmology services in a timely manner and at the level of excellence they deserve from their healthcare system. Ophthalmology directly contributes to peoples' increased quality of life through the restoration and preservation of vision.

C. CHALLENGES AND OPPORTUNITIES

The following section of this document provides a range of the most critical challenges constraining and limiting eye health care and treatment, and the opportunities that will improve eye heath care and treatment, now and in the future.
It is important to note that in many cases, these issues are interconnected and interdependent. For example, to recruit and retain talented surgeons, we need to offer operating time in an up-to-date facility. To avoid a worsening backlog, we need to have increased funding, but we also need a well-run public surgical facility that is cost effective and efficient.

1. Need for Good Governance

There has been a lack of effective and impactful medium and long-term eye health care planning in Manitoba. It seems that decisions are reactionary and focused on the short term. The heavily bureaucratic system of decision-making and planning has created significant obstacles for eye health care providers to have their voices heard, respected and their concerns addressed.

Currently, the ophthalmology service is a division under the larger Department of Surgery of the Winnipeg Regional Health Authority (WHRA). This means that the Chair of Ophthalmology must go through the Head of the Department of Surgery to address the many challenges to improve eye health care and treatment. The Head of Surgery has several competing files to review and in general is much more familiar with other types of surgery. In contrast, ophthalmology challenges are not well known among other surgeons and physicians due to the very specialized nature of this surgical specialty, and due to being centralized at Misericordia Health Centre and isolated from other surgical specialties.

In addition to the Department of Surgery, there are many other levels of bureaucracy including the Misericordia administration, WRHA and Shared Health. The Chair of Ophthalmology must present the many challenges in eye health care to several levels of bureaucrats, managers, and administration, who are often out of touch with ground level eye care issues. Valuable time, energy and expense is spent explaining issues to people who are not involved and are not exposed to eye health care

to make decisions and move forward. Discussions at different levels with people who are frankly unfamiliar and not focused on eye health care wastes time and money and delays the implementation of much needed projects, services and supports.

One example of this is the slow adoption of new ophthalmology technology due to the lack of understanding and appreciation of subspecialty work in ophthalmology. This includes the areas of glaucoma, cornea, oculoplastics, paediatric and retinal surgery.

Whereas most other provinces have access to new technologies in ophthalmological surgical care, Manitoba lags painfully behind. Patients in this province have less options for care and treatment. In some cases, patients need to leave the province for specialized eye care found in our neighbouring provinces.

The current heavy level of bureaucracy precludes meaningful and timely discussion and decision-making regarding ophthalmology needs. Service providers need to be heard and given the support and resources they require to ensure positive and safe patient eye health care outcomes and experiences.

Having a separate Department of Ophthalmology and Visual Sciences or a separate "Eye Care Manitoba" modeled after CancerCare Manitoba would reduce the amount of bureaucracy, giving eye care providers the ability to develop a more unified approach to eye health care in Manitoba, leading to more efficient and effective planning and programming, and better inpatient and outpatient supports, both in Winnipeg and throughout Manitoba.

2. Further Development of Ophthalmology Services at MHC

In the late 1980's, centralization of most ophthalmology services at the Misericordia Health Centre (MHC) led to increased cost effectiveness and efficiency. This centre allowed for 5-6 dedicated ophthalmology operating rooms, a 14-bed ophthalmology ward and an outpatient clinic. This was a great improvement to previously having ophthalmology spread across the city at different hospitals. It allowed patients to have many of their needs met at one location.

Although all ophthalmologists have privileges at Misericordia and perform surgeries there, most run their practices outside Misericordia in individual or group clinics. Patients seeing various specialists must travel all over the city to different offices.

The distribution of eye care professionals across the city presents a particular problem for patients experiencing eye emergencies. Although eye emergencies are seen at MHC 24/7/365, the Clinical Resource Team (CRT) made up of a primary care physician and a nurse, assess the patients and refer them as needed to the on-call ophthalmologist located at an off-site office. This results in a 1-2 day wait and requires travel across the city to see the specialist. Follow-up appointments would also have to be done off-site.

Ancillary eye care services such as low vision, orthoptics or outpatient occupational therapy or home care are not available at the MHC for outpatients under one roof.

A reimagined, newly designed comprehensive eye care centre at the MHC would house all urgent eye care, ambulatory subspecialty eye surgery, subspecialist eye clinics and ancillary eye care services all under one roof. A newly designed operating room with proximity to the ward and eye clinics is long overdue given the current state of the old facility. Reimagining the flow and efficiency of this space to be more competitive for funding compared to NHSC (non-hospital based surgical centres) would insure the longevity of the “eye care centre of excellence”.

Public institutions are vital to comprehensive care of our patients with multisystem medical problems and the most advanced and complex ocular conditions that cannot be done in private surgical centres. A combined approach with appropriate distribution of funds can ensure that all patients receive timely surgery in the safest environment for their condition.

3. Human Resources: Retention and Recruitment

Manitoba falls short of national per capita averages of active surgical ophthalmologists. Over the last 25 years, this ratio has consistently worsened and as of 2022, Manitoba is tied for the worst ratio in the country. The ability of the department to provide timely surgical care to Manitobans will continue to suffer as our population ages and a large cohort of senior surgeons' transition into retirement. It is possible that we will have an imminent crisis of surgical staffing.

Surgeons do not work in isolation and increasing recruitment will also require specialized allied health and support staff, including physician assistants, nurses, ophthalmic technicians, orthoptists, emergency intake staff, and clerical support.

The distribution of ophthalmologists around the province should be supported and planned for in a way that provides regional services for local populations. Most ophthalmologists will likely continue to work in Winnipeg given the population distribution of the province. Brandon's services should be expanded to meet the growing population of Western Manitoba. Other centres that could potentially support local ophthalmologists include central Manitoba (e.g. Dauphin) and Northern Manitoba.

4. Sustainable Resources and Accessible Surgical Services

Access to timely cataract surgery continues to be a challenge for Manitobans. More people are waiting longer to restore their vision, limiting their ability to work, drive, and enjoy life. With reduced vision comes an increased risk of falls, motor vehicle accidents, and mood disorders like depression. Individuals with reduced vision cost the healthcare system more; many secondary complications (like those listed above) could be prevented with timely restoration of sight.

Manitoba urgently needs long term, sustainable investment in surgical resources to reduce wait times for individuals needing cataract surgery. The pandemic backlog was over and above the existing backlog and created a much greater crisis. Despite years of advocacy prior to the

pandemic, the government did not address the substantial existing backlog and missed the opportunity to prevent this situation.

Investment should include elimination of surgical caps and prioritized funding of both hospital (public) and non-hospital (private) based surgical centres (HSCs and NHSCs). Each of these types of surgical centres provides important services – with HSCs managing the whole spectrum of cataract surgery (including routine and complex) as well as all subspecialty eye surgeries, whereas NHSCs typically focus on routine cases.

5. Recognition and Support of Paediatric Ophthalmology Services

Paediatric ophthalmologists care for the eyesight of the smallest and youngest Manitobans. In addition to diagnosing and treating a wide variety of medical eye problems unique to children, they provide surgical treatment for childhood cataracts, childhood glaucoma, eye misalignment, congenital malformations of the eye, and retinopathy of prematurity which a blinding disease in premature babies. Because an undiagnosed or untreated eye problem can harm the developing eyesight of a young child, access to paediatric ophthalmology services can be particularly time sensitive.

Unfortunately, the wait time for a routine consultation with a paediatric eye surgeon in Manitoba is now more than 2 years. Improving access for Manitoba's children will involve recruitment of additional paediatric ophthalmologists.

Attracting qualified applicants will mean **investing in and expanding the other human resources that paediatric eye surgeons need to collaborate with**. This includes hiring enough certified orthoptists, who are allied health personnel specializing in co-managing children's eye problems with paediatric ophthalmologists in a safe, efficient, and cost-effective manner.

As surgeons, additional paediatric ophthalmologists will also need operating room time and investment in the human resources needed to increase surgical capacity. Offering paediatric eye surgery at the MHC for

uncomplicated patients would help address the unacceptable wait times for these patients. Anaesthesia and nursing staff at MHC are well-trained to manage paediatric patients and procedures done by paediatric ophthalmologists.

Additional clinical space is needed not only for new paediatric ophthalmologists and certified orthoptists, but also to train the next generation of ophthalmology residents and clinical fellows in pediatric ophthalmology.

6. Teleophthalmology

Technology and innovation have received a boost during the pandemic with increased numbers of virtual exams and consultations.

Teleophthalmology has been successfully piloted and now expanded across northern Manitoba for diabetic retinal screening. This has now led to **teleglaucoma networks and eConsults**. This has not only proven to be cost effective, but more importantly has brought specialty care to remote and under serviced areas of the province.

This effective model can be expanded to urban populations, western Manitoba, western Ontario and the Nunavut / Churchill region to ensure better remote access to care.

7. Academic and Research Engagement

Over 10 years ago, a teaching program for ophthalmology in Manitoba did not exist. Currently, we have a nationally recognized residency training program that is fully accredited and has recently expanded its capacity to 1.5 trainees per year.

International fellowship training has been successful in Retina, Glaucoma and Pediatric Ophthalmology. Expanding funding to further grow the teaching capacity of Manitoba's residency program and training other subspecialties can help draw more talent and skill to stay in Manitoba. Some services still require out of province care for certain conditions. Working towards closing this gap in specialty services can be

achieved through expansion of the department in focused areas of competency.

Ophthalmology Research opportunities exist, but **unlike Manitoba centres for cardiac research, infectious diseases and diabetes**, **ophthalmology research occurs in silos**. This occurs without enough dedicated staff who can continue their academic pursuits alongside their clinical work. Increasing funding to create a comprehensive eye centre that houses clinical, surgical and research staff can streamline this hybrid model of practice, promote clinical and bench research collaboration and build on Manitoba's growing reputation as a centre for teaching and research excellence.

With increased funding for recruitment and retention of ophthalmologists, updating and expanding centralized and rural infrastructure, and further strengthening the academic training program, many of these much-needed improvements can be self-perpetuating.

A strong ophthalmology program draws academically strong candidates for residency and fellowship. Modernized operating rooms, clinics and research spaces and supports, will help attract talented young surgeons to stay and work in Manitoba after completing their training.

8. Environmental Stewardship

The carbon footprint of cataract surgery has been estimated at 152-181.8 kg of CO2 equivalents per operation. This is roughly equal to a one-hour flight or burning 62 litres of gasoline. This is due to a few factors, including supply procurement and packaging, system efficiencies, patient travel to post-operative appointments, and waste management to name a few.

Any future development must incorporate some meaningful advances in environmental stewardship. Sustainable procurement of supplies in cooperation with suppliers, more efficient patient flow, and proper waste management in the operating rooms, ward, and clinical areas for proper recycling of clean plastic packaging and paper products are some of the areas that need to be addressed.

A plastic waste recycling plant based in Manitoba needs to be a community priority to support proper waste management for all Manitobans.

9. Scope of Practice

Recently in Alberta, the provincial optometry association tried to lobby for an expansion of their scope of practice to include eye lasers and minor surgical procedures for which they do not receive any formal training. Such medical and surgical treatments are the purview of ophthalmologists who are trained physicians and surgeons. The Eye Physicians and Surgeons Association of Alberta (EPSAA) challenged this proposal, and it was rejected.

This situation is concerning for patient safety and would likely create more morbidity and cost from iatrogenic error. It is our view, therefore, that as the experts in eye health care, ophthalmologists should be leading any and all discussions or efforts to improve eye health care services in Manitoba.

D. Anticipated Outcomes

As the population in Manitoba ages, we need to have an effective, sustainable, and accessible strategy in place to ensure the following long-term outcomes:

1. Routine ophthalmology consultations for both adult and paediatric patients are done within 16 weeks.
2. Cataract surgery once booked is performed within the national benchmark of 16 weeks.
3. Creation of an Urgent Eye Clinic with maximum efficiency and ease for both patients and eye health care professionals receiving full staffing and infrastructure within the next 2 years.
4. Further development and updated infrastructure of ophthalmology services at MHC within 5 years.
5. Creation of a Department of Ophthalmology and Visual Sciences or “Eye Care Manitoba” within 2 years.

E. Strategies

To address the above challenges and opportunities, the following strategies should be pursued:

1. To recruit and retain a nationally acceptable ratio of 4-5 ophthalmologists per 100,000 population.
2. To provide necessary hospital care (public) and non-hospital care (private) physical infrastructure, staffing, and consistent government of Manitoba annual allocation of funds to support timely expert eye health care and treatment.
3. To create an independent Department of Ophthalmology and Visual Sciences or “Eye Care Manitoba” to be the leading advocate of eye health care and treatment services, in charge of medium and long-term planning and programming.

F. Proposed Investments

To support the above strategies, the following investments need to be made:

1. Funding for GFT positions and operating time to support new recruits.
2. Stable funding to address the existing backlog and to finally end it.
3. Capital investment in the physical infrastructure development of the public health facility at the MHC to support a more comprehensive, centralized and sustainable eye health care centre for all Manitobans.

G. The Roadmap

YEAR 1

Strategy 1: Recruitment and Retention of Ophthalmologists

a. Goal:
   - Create a roadmap for a future comprehensive and sustainable human resource plan considering the demand and supply of ophthalmologists in Manitoba. (ensuring Manitoba is adhering to the nationally acceptable ratio)

b. Analyze where and when ophthalmology human resources would be required and identify the obstacles facing the implementation of the human resource plan.

Strategy 2: Strengthening Sustainable and Stable Annual Government Allocations for Manitoba Eye Health Care and Treatment

a. Goal:
   - Create a framework to develop a consistent, sustainable and stable funding model for a comprehensive Manitoba eye health and treatment services to all Manitobans.

b. Strategize and implement the collection of data considering their multiple sources and the decision-making processes guiding the annual allocation for Manitoba eye health care and treatment.

Strategy 3: Infrastructure

a. Goal:
   - Support the ongoing development of the Misericordia Health Centre's (MHC) 'Sherbrooke Development Initiative' as the primary hub of Manitoba's Eye Health Care and Treatment, ensuring a comprehensive, sustainable, and stable structure.

b. Develop a strategy to ensure that this centralized structure remains effective and efficient, supported by public funding through Manitoba Health, by identifying a number of transparent and accountable measures shared and evaluated by stakeholders.

Strategy 4: Create an independent Department of Ophthalmology and Visual Sciences or "Eye Care Manitoba"

a. Goal:
    - Create the rationale to advocate for a new governance structure with government and other stakeholders to ensure that eye health care and treatment in Manitoba is accepted by the health care system as a priority area.

b. An internal committee of stakeholders is established to analyze the current governance model and the decision-making processes.

YEAR 2

Strategy 1: Recruitment and Retention of ophthalmologists

a. Seek input to the strategies required to create the roadmap and distribute to stakeholders.

b. Analyze the retention information, resources and improvements that are required and produce a detailed implementation plan.

c. Prepare a draft plan (with an implementation plan and preferred outcomes) to be distributed to EPSOM membership and other stakeholders for final input.

Strategy 2: Strengthening Sustainable and Stable Annual Government Allocations for Manitoba Eye Health Care and Treatment

a. Analyze the data in relation to current funding-based legislation, policy, and practices (current assumptions and questions) reflecting the expected outcomes created.
b. Create a number of funding models (assumptions and anticipated outcomes) to be tested and shared with stakeholders to seek input.

Strategy 3: Infrastructure

a. Establish an infrastructure plan regarding the mix of public and private eye health care and treatment facilities and services throughout Manitoba. To articulate the complementary public and private roles desired in eye health care and treatment in Manitoba.

Strategy 4: Create an independent Department of Ophthalmology and Visual Sciences or "Eye Care Manitoba"

a. Review lessons learned from other Canadian jurisdictions regarding new models of effective and efficient eye health care and treatment governance in the public health care system.

b. Develop a strategy(ies) and a roadmap to revise the current model.

c. Advocate for the new model.

YEAR 3

Strategy 1: Recruitment and Retention of ophthalmologists

a. Finalize the Manitoba Ophthalmology Sustainable Human Resource Roadmap (MOSHRR) to be distributed to EPSOM membership and other stakeholders.

b. Develop mechanisms to implement, monitor, troubleshoot and revise the MOSHRR on an annual basis and communicate this updated version to all relevant stakeholders.

Strategy 2: Strengthening Sustainable and Stable Annual Government Allocations for Manitoba Eye Health Care and Treatment

a. Select a range of funding models that address a number of selected outcomes to ensure a comprehensive, sustainable and stable funding base for eye health and treatment for all Manitobans.
b. Implement a funding model, monitor and evaluate against metrics available to a number of stakeholders to ensure transparency and accountability to the public.