

# Recommendations for Adoption: Glaucoma

Recommendations to enable widespread adoption of this quality standard

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# The Quality Standard for Glaucoma

Quality standards are concise sets of statements outlining what high-quality care should look like across a range of conditions or topics. They represent care that can and should be made available today. Although many organizations, health care professionals, and other health system partners may be offering the care described in the quality standard, the quality statements, related measures, and adoption supports will help organizations determine where they can focus their improvement efforts.

This quality standard focuses on care for adults 18 years of age and older with primary open-angle glaucoma and those who are risk for primary open-angle glaucoma. It focuses on assessment, diagnosis, and management of this condition, and it applies to all care settings. This quality standard does not address care for people with acute angle-closure glaucoma (a medical emergency that requires immediate treatment to prevent vision loss).

Click [here](#) to access the quality standard.

## About This Document

This document aims to support uptake of the quality standard at local and system-wide levels. This is achieved through the identification of programs, resources, initiatives, and tools that will support high-quality care on the ground and through the provision of key recommendations that address identified system-level gaps and opportunities for improvement.

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# Putting the Glaucoma Quality Standard Into Practice

Quality standards are a resource to help health care professionals and organizations make improvements to care based on the best available evidence. While organizations and providers may be offering the care described in this quality standard, the statements, related measures, and [existing tools available on Health Quality Ontario's website](#) can be used to guide improvements to care at the local or practice level. Health Quality Ontario's [Getting Started Guide](#) outlines the process for using the quality standard as a resource for delivering high-quality care.

There are many programs and initiatives across in the province that can support the delivery of the care outlined in the quality standard. These resources can be used or referenced when putting the quality statements into practice. See [Appendix A](#) for examples.

## How Health Quality Ontario Is Supporting the Quality Standard for Glaucoma

Health Quality Ontario has a number of levers to help drive the dissemination and implementation of quality standards. These include [Quality Improvement Plans](#), sector-specific practice reports, health technology assessments, and more. These will be applied to support adoption of quality standards where applicable and as appropriate.

There is currently a lack of guidance around optimal use of minimally invasive glaucoma surgery (MIGS), such as appropriate indications for use of particular procedures and devices, and no dedicated provincial funding for these procedures or devices. Health Quality Ontario is currently collaborating with the Canadian Agency for Drugs and Technologies in Health on a [health technology assessment](#) of MIGS, with recommendations forthcoming by the Ontario Health Technology Advisory Committee to the Ministry of Health and Long-Term Care.

Health Quality Ontario will continue to assess ways in which new or existing quality improvement initiatives can be leveraged to support quality standards implementation.

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# The Recommendations for Adoption

The purpose of these recommendations is to address identified, system-level gaps in care. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors will formally provide recommendations related to the glaucoma quality standard to the Minister of Health and Long-Term Care as applicable. Recommendations may be directed to other bodies to facilitate the adoption of the quality standard in everyday practice.

Some recommendations are common across a number of quality standards and support general uptake of the quality standards and closing gaps in care generally; those that are especially relevant to the glaucoma quality standard are detailed in [Appendix B](#). Recommendations unique to this quality standard are listed below.

## Identifying Gaps in Glaucoma Care

The recommendations were [developed](#) after a review of available evidence on variations in care, a scan of existing programs and services that align with the quality standard, and consultation with relevant stakeholders. (See [Appendix C](#) for further details.)

These discussions highlighted some overarching themes:

- There is a need for public awareness about glaucoma, including but not limited to:
  - The importance of getting your eyes checked regularly by an eye care provider
  - General understanding of glaucoma and significant risk factors for glaucoma
- Primary care providers (family physicians and nurse practitioners) require greater awareness of the significant risk factors for glaucoma and the importance of routine eye exams for people with these risk factors
- Specific population groups face barriers relating to access due to poverty, limited or lack of employee health insurance, precarious employment, and language
- Opportunities exist among ophthalmologists and optometrists to optimize ongoing management of glaucoma and how glaucoma care is provided
- The availability of glaucoma care is limited in rural and remote communities, especially interventional care, and access is further hindered by geographic barriers (i.e., long travel times to access those services that are available), preventing active self-management

## THE RECOMMENDATIONS FOR ADOPTION CONTINUED

- Improved communication to primary care providers from eye care providers about changes in their patients' condition or treatment is needed
- Use of technology to facilitate integrated care processes between optometry and ophthalmology has been limited
- Research shows that lower socioeconomic status is associated with an initial presentation of glaucoma with greater severity and/or progression of disease (i.e., greater degree of irreparable vision loss)
- People may face financial challenges accessing services:
  - Routine eye examinations and comprehensive glaucoma assessments (done to establish a diagnosis of glaucoma) are not publicly funded for people who have risk factors for glaucoma when the exams are delivered by optometrists
  - For those with a diagnosis of glaucoma, specific tests recommended in the standard, including retinal nerve imaging (specifically, optical coherence tomography), are only publicly funded if administered by ophthalmologists, whose services are in high demand

The issues identified here should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather contribute to improvement or highlight areas of opportunity.

## How Success Can Be Measured

Health Quality Ontario will take a two-pronged approach to monitoring uptake of the quality standard and the recommendations for adoption by:

1. Ensuring quality of care provincially and regionally through the use of a small set of provincially measurable indicators related to the quality standard:
  - Percentage of people diagnosed with glaucoma who receive at least one comprehensive eye examination annually
  - Wait time between referral to consult for incisional glaucoma surgery
  - Wait time between decision to treat to incisional glaucoma surgery
2. Tracking the actions resulting from the implementation of the recommendations

**Recommendation 1:** Conduct capacity planning to identify gaps between current care and the care outlined in the quality standard. Capacity planning should entail:

- Comparing service availability with local needs and addressing service gaps and capacity pressures
- Assessing and, if necessary, redesigning local interprofessional glaucoma care referral pathways among primary care providers, optometrists, and ophthalmologists to ensure optimal use of professional competencies and finite resources

**Action needed by:**

Local health integration networks (LHINs)

**Time frame for implementation:**

Medium term (initiate within 2–4 years)

**Quality statements:**

1: Routine Eye Examination and Comprehensive Glaucoma Assessment

2: Monitoring

4: Referral and Timely Access to an Ophthalmologist

**Gap:**

People at risk for glaucoma or with glaucoma may not have their vision care needs met promptly. Some regions face challenges in meeting the demand for glaucoma care, leading to delays in care. Access to eye care providers, especially ophthalmologists, varies across regions and is limited in non-urban, rural, and remote areas, resulting in considerable travel time for patients and their families.

**Recommendation 2:** Explore the potential for integrated systems for ophthalmologists and optometrists that allow for test results and other important information to flow between providers.

**Action needed by:**

Ontario eConsult Centre of Excellence, Ontario Telemedicine Network, OntarioMD, eHealth Ontario

**Time frame for implementation:**

Immediate (initiate within 1–2 years)

**Quality statements:**

1: Routine Eye Examination and Comprehensive Glaucoma Assessment

2: Monitoring

4: Referral and Timely Access to an Ophthalmologist

**Gap:**

Health information systems that neither communicate with one another nor enable information sharing between optometrists and ophthalmologists can result in duplicative tests; hinder communication between providers; and limit the ability to pull past information to review trends over time and plan care based on those trends.

**Recommendation 3:** Develop a campaign to raise awareness of glaucoma and its significant risk factors among the general public, incorporating the contents of the quality standard.

**Action needed by:**

The Ministry of Health and Long-Term Care, in partnership with the Provincial Vision Task Force

**Time frame for implementation:**

Immediate (initiate within 1–2 years)

**Quality statements:**

1: Routine Eye Examination and Comprehensive Glaucoma Assessment

3: Information

**Gap:**

There is a lack of awareness among both the general public and primary care providers of the significant risk factors for glaucoma and the importance of receiving regular eye exams and, where appropriate, comprehensive glaucoma assessments if these risk factors are present. Prevention and early detection are crucial, as glaucoma is often asymptomatic and remains unnoticed until there is substantial irreversible damage to the optic nerve fibres.

# Appendix A: Programs and Initiatives

The following programs and initiatives can support the delivery of care outlined in the standard at the local level:

- The Southeastern Ontario Academic Medical Organization (SEAMO) and the South East LHIN, in partnership with the Ontario eConsult Centre of Excellence and the Ontario Telemedicine Network, are leading a demonstration project for eye health in the southeast region that will allow optometrists to send nonurgent, patient-specific questions to an ophthalmologist via a secure, online platform, often avoiding the need for the patient to be referred for a face-to-face visit.
- The Ontario Association of Optometry has partnered with ZoomerMedia to run a public outreach campaign targeted at Ontarians 45 years of age and older to help them learn about vision care, eye health, and the role of optometrists.
- Existing resources to support education for people with glaucoma. Examples of these resources include:
  - [Canadian Ophthalmological Society resources](#)
  - [CNIB Foundation resources](#)
  - [Glaucoma Research Society of Canada resources](#)
  - [Ontario Association of Optometry resources](#)
- The [CNIB Foundation](#) offers programs and supports to individuals with all types of vision loss (from low vision to total blindness)
- [Vision Care Pathways](#) by The Foundation Fighting Blindness provides guidance and information on specific eye diseases, including glaucoma
- [CNIB Eye Van](#) in Northern Ontario is a fully-equipped medical mobile eye care clinic that provides vision exams, treats eye conditions, performs minor surgeries, and offers medical advice and information about eye health
- The [French Language Health Planning Entity](#) in each LHIN region can be leveraged to support local planning, delivery, evaluation, and improvement of French-language health services
- Community Health Centres and Aboriginal Health Access Centres may be able to support the development of culturally informed self-management resources in multiple languages

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration. They do not reflect all of the organizations, programs, and initiatives doing work in this area.

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# Appendix B: Common Recommendations for Adoption

There are a number of recommendations that support the adoption of quality standards across a range of topics. These will eventually be outlined in one reference document. Health care organizations and providers, system administrators, and professional bodies are encouraged to look to these recommendations as a way to support adoption of the quality standards and reduce gaps in care. The common recommendations applicable to the quality standard for glaucoma are listed below.

Common Recommendations	Lead(s)
<b>Quality Improvement</b>	
Assess the care being provided against the quality standard using Health Quality Ontario's <a href="#">Getting Started Guide</a> and refer to the <a href="#">action plan template</a> and <a href="#">measurement guide</a> for this quality standard as tools to support quality improvement	Health care providers and organizations
<b>Sub-Region Planning</b>	
Consider equity issues when addressing disparities in accessing services in each region of Ontario. The Health Equity Impact Assessment (HEIA) tool can help embed an equity lens in decision-making processes and should be used by analysts and planners to inform service planning and provision.	LHINs

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# Appendix C: Process and Methods

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province, from a variety of professional roles and perspectives:

The following organizations and groups were consulted:

- Canadian Glaucoma Society
- Canadian Ophthalmological Society
- Chairs of University Ophthalmology Departments in Ontario
- Chiefs of Ophthalmology at Ontario Academic Centres
- College of Optometrists of Ontario
- Foundation Fighting Blindness
- Hamilton, Niagara, Haldimand, Brant LHIN sub-region leads
- Ministry of Health and Long-Term Care
- Ontario Association of Optometrists
- Provincial Vision Task Force
- University of Waterloo, School of Optometry and Vision Science

Along with engaging with the groups mentioned above, the Quality Standard Advisory Committee also provided feedback on the adoption of this quality standard.

Between June and October 2018, Health Quality Ontario received 53 responses during the public consultation process and conducted 25 interviews with optometrists, ophthalmologists, and primary care physicians, as well as individuals from LHINs, health care organizations and system partners. The information gathered was used to further inform the gaps in knowledge, behaviours, and attitudes related to this standard.

The Ontario Quality Standards Committee (OQSC) is a sub-committee of Health Quality Ontario's Board of Directors. It is tasked with reviewing and approving the quality standards at each stage of the development process. The OQSC will continue to assess impact of this quality standard, working with patients and the public, clinicians, organizations across Ontario's health system, and the Ministry of Health and Long-Term Care for a more centralized, integrated, and systematic approach to quality health care.

# For more information:

Website: [hqontario.ca/QualityStandards](http://hqontario.ca/QualityStandards)

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