Ophthalmology Referral Guide for Community Physicians







Purpose and use of the Referral Guide	3
Periodic Eye Examination	4
Paediatric eye care	5
Cataract Surgery	6
Diabetes	7
Glaucoma	8
Minor eyelid and adnexal disease	9
Major eyelid, lacrimal and orbital disease	9
Cosmetic eyelid surgery	10
Refractive surgery	10
Cornea and external eye disease	11
Surgical Corneal Disease	12
Contact Lens Service	12
Neuro-ophthalmology	13
Adult Strabismus	13
Uveitis (ocular inflammatory disease)	14
Age related macular degeneration	15
Surgical retina disease	16
Other (medical) vitreo-retinal and choroidal diseases	17
Any symptomatic eye complaint	18
Physicians Currently Accepting Referrals - Department of Ophthalmology & Visual Sciences	19
Appendix A Eye Care Working Group Documentation	25
Appendix B COS Clinical Practice Guidelines for the Periodic Eve Exam	28

Purpose and use of the Referral Guide

The purpose of this guide is to assist referring physicians and optometrists access the most appropriate ophthalmologist for their patient.

The clinician members of the Department of Ophthalmology and Visual Sciences provide a broad range of eye care services to the community. Many have received sub-specialty training in one area of ophthalmology and their practices will focus, sometimes exclusively, in this area of expertise. Comprehensive care is provided for urgent care by all ophthalmologists providing on-call coverage.

Primary, secondary and tertiary eye care is most effectively provided when referrals are directed to the eye care provider best suited to render the requested consultation. In addition to primary care physicians, primary eye care can be provided by optometrists or ophthalmologists. An *ad hoc* Eye Care Working Group (ECWG), under the auspices of the DOH approved by both Doctor's Nova Scotia and the NS Association of Optometrists, has developed referral guidelines for patients with diabetes and various "red eye" conditions (see Appendix A for supporting documents). The option of a referral to an optometrist may also be indicated as a *consensus* of the Department of Ophthalmology and Visual Sciences.

This guide will outline various common reasons for referral with a brief description of the condition or presenting complaint. A list of the ophthalmologists accepting patients in these categories will be provided with their contact coordinates.

<u>Emergent referrals</u> needing assessment and management <u>within 24 hours</u> require a doctor-to-doctor verbal communication. Examples of some, but not all, emergent referrals would include severe ocular trauma (blunt or penetrating), a ruptured globe, infectious corneal ulceration with a risk of perforation, severe chemical injury (esp. alkali burns), acute glaucoma, endophthalmitis and acute vision loss. These patients would best be served by calling the on-call Ophthalmologist or Ophthalmology Resident through locating (473-2220 for the QEII HSC, 470-8888 for the IWK).

<u>Urgent referrals</u> which may need to be seen <u>within 1 week</u> should be clearly marked "URGENT" and sent directly to the office of a specific ophthalmologist. A phone call is encouraged. The referral will be triaged appropriately.

All <u>other referral requests</u> should be addressed to individual ophthalmologists with a clearly stated perception of the urgency of the situation.

Periodic Eye Examination

The Canadian Ophthalmological Society has published their recommended guidelines for The Periodic Eye Examination for a spectrum of patient age groups (Appendix B). These assessments are insured by MSI annually for children to age 10 and every 2 years after age 65.

(Optometrist role: Consensus)

Ophthalmologists interested in seeing patients for periodic eye examinations:

Dr. David Andrews

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. James MacNeill

Paediatric eye care

Infants and children often present with ocular concerns which are unique from adults. The visual cortex is modifiable during the first decade of life. This is the time frame during which amblyopia can be treated. Common causes of amblyopia include:

- a) Strabismus (squint)
- b) Refractive blur due to extreme refractive errors (e.g. myopia, hyperopia and astigmatism) and anisometropia (uneven refractive errors between the eyes)
- c) Congenital cataract
- d) Congenital ptosis

Strabismus and amblyopia runs in families. This is also true of most of the rarer congenital conditions which may be associated with profound morbidity (e.g. congenital glaucoma) and even mortality (e.g. retinoblastoma) if diagnosed late.

Children with a strong family history of strabismus or one of the other amblyogenic conditions listed above should be assessed within the first year. (Optometrist role: *consensus*)

Infants born to families with a history of a serious familial eye disease should be evaluated by an ophthalmologist. For any physical findings suggestive of significant morbidity (e.g. leukocoria) or a need for medical or surgical intervention (e.g. ptosis), a direct referral to an ophthalmologist is indicated.

Ophthalmologists with an interest in Paediatric Eye Care:

Dr. David Andrews

Dr. Robert LaRoche *

Dr. Naeem Nabi *

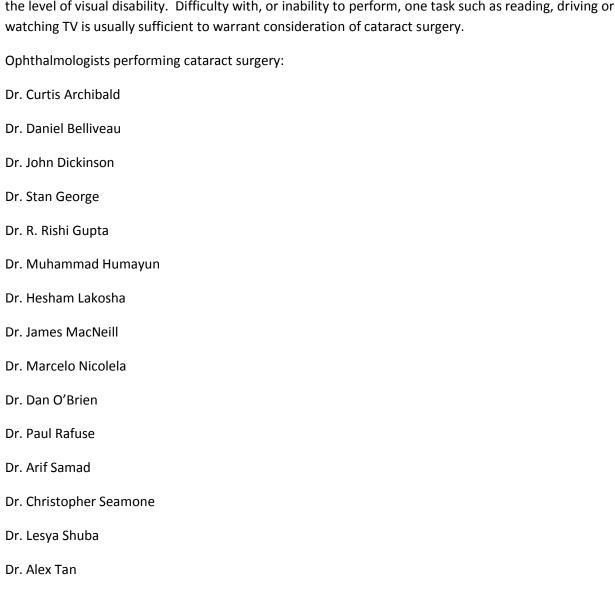
Dr. Johane Robitaille *

Dr. John Taiani

^{*} These clinicians have sub-specialty training in this area

Cataract Surgery

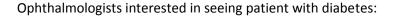
The development of a cataract (discolouration of the crystalline lens) is a normal age related condition (i.e. nuclear sclerosis). Cataracts may occur in younger adults as a result of a variety of secondary causes (e.g. extensive corticosteroid use, diabetes, and trauma). The indication for cataract surgery depends on the level of visual disability. Difficulty with, or inability to perform, one task such as reading, driving or watching TV is usually sufficient to warrant consideration of cataract surgery.



Diabetes

The current guidelines of the Canadian Diabetes Association suggest a dilated eye examination every 1-2 years for Type II diabetes and every year for Type I (after age 15, or if 5 years or greater with the disease).

Optometrist role: Screening for patients without known retinopathy. Referral to an ophthalmologist if 5 or more microaneurysms detected (ECWG – see Appendix A).



Dr. David Andrews

Dr. Daniel Belliveau

Dr. Alan Cruess *

Dr. John Dickinson *

Dr. Stan George

Dr. R. Rishi Gupta *

Dr. Ann Hoskin-Mott *

Dr. Muhammad Humayun

Dr. Vladimir Kozousek *

Dr. Hesham Lakosha

Dr. James MacNeill

Dr. Dan O'Brien *

Dr. Arif Samad *

Dr. John Taiani

Dr. Alex Tan

^{*} These clinicians have sub-specialty training in retinal diseases

Glaucoma

Glaucoma (glaucomatous optic neuropathy) is slow in onset and progression, but does lead to irreversible vision loss if unchecked. This underscores the importance of early detect and treatment. Some of the principle risk factors for the chronic varieties are advanced age, positive family history, African ancestry, high intraocular pressure and pseudoexfoliation syndrome. The rarer acute forms of the disease affect the elderly, highly hyperopic individuals and those with uncontrolled diabetic eye disease or neglected cataracts.

Patients with a family history of glaucoma, or those with a personal concern about glaucoma, can be evaluated for the clinical signs of the disease by an appropriately trained and equipped optometrist (Optometrists role: *consensus*).

Patients known to have glaucoma, or glaucoma suspects on treatment, should be under the care of an ophthalmologist.

Ophthalmologists with an interest in glaucoma include:

Dr. David Andrews

Dr. Daniel Belliveau

Dr. Stan George

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. James MacNeill

Dr. Marcelo Nicolela *

Dr. Andrew Orr *

Dr. Paul Rafuse *

Dr. Robert Read *

Dr. Lesya Shuba *

Dr. John Taiani

Dr. Alex Tan

^{*} These clinicians have sub-specialty training in this area

Minor eyelid and adnexal disease

The conditions in this category would be treatable with medical or minor surgery not requiring eyelid reconstruction or frozen section biopsy. Examples would include blepharitis, styes, warts and other lumps and bumps, entropion, ectropion, periocular dermatitis and tearing.

Ophthalmologists with an interest in minor eyelid and adnexal diseases include:

Dr. David Andrews

Dr. Curtis Archibald *

Dr. Daniel Belliveau

Dr. Stan George

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. James MacNeill

Dr. Christopher Seamone

Dr. John Taiani

Dr. Alex Tan

Major eyelid, lacrimal and orbital disease

Conditions in this category would require surgery of the periocular muscles, lacrimal drainage apparatus and orbital contents and bone. Some of this surgery would be done in conjunction with other surgical divisions such as neurosurgery, cranio-facial (plastics) and ENT, and are normally performed by ophthalmologists with fellowship training in this field. Common indications for this surgery would include trauma, eyelid ptosis, refractory tearing, thyroid orbitopathy and neoplasia.

Ophthalmologists with an interest in major eyelid, lacrimal and orbital diseases include:

Dr. Curtis Archibald *

^{*} This clinician has sub-specialty training in this area

^{*} This clinician has sub-specialty training in this area

Cosmetic eyelid surgery

Surgery of the eyelids for cosmesis would include xanthelasma removal, blepharoplasty and other skin tightening procedures. These procedures are generally not covered by MSI.

Ophthalmologists with an interest in cosmetic eyelid surgery include:

Dr. Curtis Archibald *

Dr. Muhammad Humayun

Dr. Hesham Lakosha

* This clinician has sub-specialty training in this area

Refractive surgery

Surgeries for the purposes of electively changing the refractive power of the eye are performed in private facilities which don't fall within the jurisdiction of the Capital District Health Authority or the IWK Heath Centre. Some of these procedures include photorefractive keratectomy (PRK), laser in situ keratomileusis (LASIK), refractive lens exchange and intraocular contact lens insertion. These procedures are not insured by MSI.

Under special circumstances, the DOH will cover the costs of phototherapeutic keratectomy (PTK) by excimer laser for the treatment of corneal scars.

Ophthalmologists performing refractive surgery include:

Dr. Daniel Belliveau

Dr. Hesham Lakosha

Cornea and external eye disease

Diseases of the cornea, conjunctiva and lid margins include a broad array of low and high morbidity conditions. They generally have a "red eye" as a component of their clinical presentation. If vision has not been affected by the red eye and it is felt to be a non-sight-threatening condition, an optometrist could assess and possibly treat the patient. Common low morbidity red eye conditions would include dry eye, blepharitis, conjunctivitis, non-ulcerative keratitis and superficial foreign body.

(Optometrist role: ECWG see Appendix A).

High morbidity conditions which are sight threatening and are related to the cornea and external eye include corneal laceration, chemical burn, ulcerative keratitis (viral, bacterial and fungal) and gonorrhoeal or chlamydial conjunctivitis. An **emergent** referral to an ophthalmologist would be indicated.

Ophthalmologists with an interest in cornea and external eye disease include:

Dr. David Andrews*

Dr. Daniel Belliveau

Dr. Stan George *

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. James MacNeill

Dr. Christopher Seamone *

Dr. John Taiani

Dr. Alex Tan

^{*} These clinicians have sub-specialty training in this area

Surgical Corneal Disease

The following ophthalmologists manage surgical diseases of the cornea, such as corneal transplant (PKP, DSAEK), recurrent pterygium and corneal collagen cross-linking:

Dr. Stan George *

Dr. Christopher Seamone *

* These clinicians have sub-specialty training in this area

Contact Lens Service

The Contact Lens Service provides specialty lens fittings for patients who cannot be fit in the community. For example, simple myopia or aphakia would not be appropriate referrals as there are several optometrists and opticians in the community with interest in contact lens fitting. Examples of fittings performed by the contact lens service are:

- severe dry eye for scleral lens fitting
- keratoconus
- post corneal transplant astigmatism
- corneal scarring

Referrals to the Contact Lens Service should be sent to:

Drs. Stan George or Chris Seamone, Department of Ophthalmology and Visual Sciences

Phone: 902-429-2760 Fax: 902-425-0666

Neuro-ophthalmology

Neuro-ophthalmology encompasses all disorders of the visual pathways from the optic nerve to the visual cortex, as well as the centres of motor control in the brain stem, cranial nerves and frontal lobes. Many generalized neurologic diseases such as multiple sclerosis and myasthenia gravis have neuro-ophthalmic manifestations. Common presenting symptoms include loss of central or peripheral vision, colour desaturation, nystagmus, diplopia and pupil abnormalities. Subspecialization in neuro-ophthalmology can be done following residency training in either ophthalmology or neurology.

Ophthalmologists and neurologists with an interest in neuro-ophthalmology include:

Dr. David Andrews

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. Charles Maxner (Neurologist) *

Dr. John Taiani

Adult Strabismus

Misalignment of the eyes with or without double vision can occur in adults as well as in children.

Ophthalmologists with an interest in treating adult strabismus include:

Dr. Hesham Lakosha

Dr. Robert LaRoche *

Dr. Naeem Nabi *

Dr. Johane Robitaille *

^{*} This clinician has sub-specialty training in this area

^{*} These clinicians have sub-specialty training in this area

Uveitis (ocular inflammatory disease)

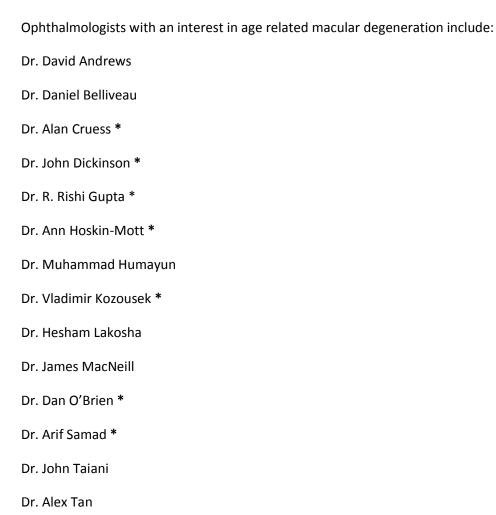
Intraocular inflammation or uveitis, whether infectious or non-infectious, presents a special management challenge. Inflammation may occur in either or both the anterior or posterior segments of the eye. Since the threat to vision is significant, an **urgent** referral to an ophthalmologist would be indicated (ECWG – see Appendix A). While many of the non-infectious entities are idiopathic and isolated to the eye, a number of systemic diseases such as the sero-negative arthropathies and sarcoidosis may be causally related.



^{*} This clinician has sub-specialty training in this area

Age related macular degeneration

Age related macular degeneration (AMD) is the most common cause of legal blindness in Canada. As the population ages, this disease will become even more prevalent. The majority of AMD sufferers have a non-exudative (dry) variety which is managed expectantly (with or without vitamin use) with the adoption of low vision aids. The exudative (wet) type can cause a more rapid loss of central vision, but there a number of new diagnostic methods and treatments which can limit the vision loss substantially in some cases.



^{*} These clinicians have sub-specialty training in retinal diseases

Surgical retina disease

A number of retinal diseases are managed primarily by surgical methods. Some require **emergent** referral such as severe globe trauma and endophthalmitis. Others can be addressed on an **urgent** or more elective basis such as with retinal detachment, vitreous hemorrhage or macular hole/membrane surgery. Retinal surgery is generally performed only by ophthalmologists with

subspecialty training in this field.

Ophthalmologists performing retinal surgery are:

Dr. Alan Cruess *

Dr. John Dickinson *

Dr. R. Rishi Gupta *

Dr. Dan O'Brien *

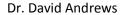
Dr. Arif Samad *

^{*} These clinicians have sub-specialty training in this area

Other (medical) vitreo-retinal and choroidal diseases

This grouping of conditions would include all other posterior segment diseases not previously dealt with separately (i.e. diabetic retinopathy and AMD). Examples include familial dystrophies (e.g. retinitis pigmentosa), retinal vascular events (e.g. venous or arterial obstructions) or other macular conditions (e.g. central serous retinopathy). Primary or secondary tumours of the choroid and retina would also fall under this broad umbrella of diseases. Treatment options are equally broad with local and systemic medications, retinal laser, radiation and sometimes surgery all being possibilities.

Ophthalmologists interested in medically managed diseases of the retina include:



Dr. Daniel Belliveau

Dr. Alan Cruess *

Dr. John Dickinson *

Dr. R. Rishi Gupta *

Dr. Ann Hoskin-Mott *

Dr. Muhammad Humayun

Dr. Vladimir Kozousek *

Dr. Hesham Lakosha

Dr. Dan O'Brien *

Dr. Arif Samad *

Dr. John Taiani

Dr. Alex Tan

^{*} These clinicians have sub-specialty training in this area

Any symptomatic eye complaint

A patient may present with an oculo-visual problem which doesn't clearly fit in any of the preceding categories. Also, for some patients it may simply be easier to describe the symptoms in a referral letter rather than trying to fit the complaint to the ophthalmologist as prescribed by this guide. If the symptom(s) is/are of a nature not felt to be visually threatening, an optometrist may be able to provide a definitive assessment and management plan. Otherwise, worrisome symptoms should be addressed by an ophthalmologist. (Optometrist role: *consensus*)

Ophthalmologists (not on-call) willing to see any symptomatic patient include:

Dr. David Andrews

Dr. Muhammad Humayun

Dr. Hesham Lakosha

Dr. James MacNeill

Dr. Alex Tan

Name	Accepting referrals in the following areas:	Clinic Address
Dr. Dave Andrews	Subspecialty training: Cornea & External Disease Accepting referrals in the following areas: Periodic eye examination Paediatric eye care Diabetes Glaucoma Minor eyelid and adnexal disease Cornea and external eye disease Neuro-ophthalmology Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Any symptomatic eye complaint	Suite 603 5991 Spring Garden Rd Halifax, NS B3H 1Y6 Phone: 902-420-9036 Fax: 902-492-0306
Dr. Curtis Archibald	Subspecialty training: Orbit, Lacrimal & Eyelid Surgery Accepting referrals in the following areas: Cataract surgery Minor eyelid and adnexal disease Major eyelid, lacrimal and orbital disease Cosmetic eyelid surgery	Suite 600 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-423-2525 Fax: 902-423-1030
Dr. Dan Belliveau	Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Refractive surgery Cornea and external eye disease Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases	Suite 353 7105 Chebucto Road Halifax, NS B3L 4W8 Phone: 902-453-3937 Fax: 902-453-3959
Dr. Alan Cruess	Subspecialty training: Surgical & Medical Retina Accepting referrals in the following areas: Diabetes Age-related macular degeneration Surgical retina disease Other (medical) vitreo-retinal & choroidal diseases	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-7215 Fax: 902-473-2839

Name	Accepting referrals in the following areas:	Clinic Address
Dr. John Dickinson	Subspecialty training: Surgical & Medical Retina Accepting referrals in the following areas: Cataract surgery Diabetes Age-related macular degeneration Surgical retina disease Other (medical) vitreo-retinal & choroidal diseases	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-3947 Fax: 902-473-2839
Dr. Stan George	Subspecialty training: Cornea and external eye disease Accepting referrals in the following areas: Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Cornea and external eye disease Surgical corneal disease Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Any symptomatic eye complaint	Suite 800 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-429-2760 Fax: 902-425-0666
Dr. R. Rishi Gupta	Subspecialty training: Surgical & Medical Retina Accepting referrals in the following areas: Cataract surgery Diabetes Age-related macular degeneration Surgical retina disease Other (medical) vitreo-retinal & choroidal diseases	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-3473 Fax: 902-473-2839
Dr. Ann Hoskin-Mott	Subspecialty training: Medical Retina Accepting referrals in the following areas: Diabetes Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-4302 Fax: 902-473-2839

Name	Accepting referrals in the following areas:	Clinic Address
Dr. Muhammad Humayun	Periodic eye examination Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Cosmetic eyelid surgery Cornea and external eye disease Neuro-ophthalmology Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Any symptomatic eye complaint	44 - 46 Portland Street, #311 Dartmouth, NS B2Y 1H4 Phone: 902-465-8724 Fax: 902-461-9997
Dr. Vladimir Kozousek	Subspecialty training: Medical Retina Accepting referrals in the following areas: Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Diabetes	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-3473 Fax: 902-473-2839
Dr. Hesham Lakosha	Subspecialty training: Ocular Oncology Accepting referrals in the following areas: Periodic eye examination Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Cosmetic eyelid surgery Refractive surgery Cornea and external eye disease Neuro-ophthalmology Adult strabismus Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Any symptomatic eye complaint	Suite 470 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-423-4423 Fax: 902-423-5170
Dr. G. Robert LaRoche	Subspecialty training: Paediatric Ophth & Strabismus Accepting referrals in the following areas: Paediatric eye care Adult strabismus	Department of Ophthalmology, IWK Health Centre, 6 South, 5850/5980 University Avenue, P.O. Box 9700, Halifax, NS B3K 6R8 Phone: 902-470-8731 Fax: 902-470-7748

Name	Accepting referrals in the following areas:	Clinic Address
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Dr. James MacNeill	Subspecialty training: Oculoplastic Surgery Accepting referrals in the following areas: Periodic eye examination Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Cornea and external eye disease Uveitis (ocular inflammatory disease) Age-related macular degeneration Any symptomatic eye complaint	Suite 603 5991 Spring Garden Rd Halifax, NS B3H 1Y6 Phone: 902-420-9036 Fax: 902-492-0306
Dr. Charles Maxner	Subspecialty training: Neuro-ophthalmology Accepting referrals in the following areas: Neuro-ophthalmology	Department of Neurology, Room 3824, 3rd Floor, HI Site, 1796 Summer Street, Halifax, NS B3H 3A7 Phone: 902-473-1869 Fax: 902-473-4438
Dr. Naeem Nabi	Subspecialty training: Paediatric Ophth & Strabismus Accepting referrals in the following areas: Paediatric eye care Adult strabismus	Department of Ophthalmology, IWK Health Centre, 6 South, 5850/5980 University Avenue, P.O. Box 9700, Halifax, NS B3K 6R8 Phone: 902-470-3929 Fax: 902-470 7207
Dr. Marcelo Nicolela	Subspecialty training: Glaucoma Accepting referrals in the following areas: Cataract surgery Diabetes Glaucoma Age-related macular degeneration Any symptomatic eye complaint	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-3622 Fax: 902-473-2839
Dr. Dan O'Brien	Subspecialty training: Surgical & Medical Retina Accepting referrals in the following areas: Cataract surgery Diabetes Uveitis (ocular inflammatory disease) Age-related macular degeneration Surgical retina disease Other (medical) vitreo-retinal & choroidal diseases	Suite 800 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-429-2760 Fax: 902-425-0666

Name	Accepting referrals in the following areas:	Clinic Address
Dr. Andrew Orr	Subspecialty training: Glaucoma Accepting referrals in the following areas: Glaucoma	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-1483 Fax: 902-473-2839
Dr. Paul Rafuse	Subspecialty training: Glaucoma Accepting referrals in the following areas: Cataract surgery Glaucoma	Suite 353 7105 Chebucto Road Halifax, NS B3L 4W8 Phone: 902-422-3893 Fax: 902-423-5069
Dr. Robert Read	Subspecialty training: Glaucoma Accepting referrals in the following areas: Glaucoma	Suite 1020 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-423-9222 Fax: 902-429-1388
Dr. Johane Robitaille	Subspecialty training: Paediatric Ophth & Strabismus Accepting referrals in the following areas: Paediatric eye care Adult strabismus	Department of Ophthalmology, IWK Health Centre, 6 South, 5850/5980 University Avenue P.O. Box 9700, Halifax, NS B3K 6R8 Phone: 902-470-8008 Fax: 902-470-7748
Dr. Arif Samad	Subspecialty training: Surgical & Medical Retina Accepting referrals in the following areas: Cataract surgery Diabetes Age-related macular degeneration Surgical retina disease Other (medical) vitreo-retinal & choroidal diseases	Suite 600 5991 Spring Garden Rd Halifax, NS B3H 1Y6 Phone: 902-423-2525 Fax: 902-423-1030
Dr. Chris Seamone	Subspecialty training: Cornea & External Disease & Uveitis Accepting referrals in the following areas: Cataract surgery Minor eyelid and adnexal disease Refractive surgery Cornea and external eye disease Surgical corneal disease Uveitis (ocular inflammatory disease)	Suite 800 5991 Spring Garden Road Halifax, NS B3H 1Y6 Phone: 902-429-2760 Fax: 902-425-0666

Name	Accepting referrals in the following areas:	Clinic Address
Dr. Lesya Shuba	Subspecialty training: Glaucoma Accepting referrals in the following areas: Cataract surgery Diabetes Glaucoma	VG Site, Room 2035, 2 West Vic, 1276 South Park St., Hfx. NS B3H 2Y9 Phone: 902-473-3410 Fax: 902-473-2839
Dr. John Taiani	Accepting referrals in the following areas: Paediatric eye care Diabetes Glaucoma Neuro-ophthalmology Minor eyelid and adnexal disease Cornea and external eye disease Age-related macular degeneration Uveitis (ocular inflammatory disease Other (medical) vitreo-retinal & choroidal diseases	Suite 353 7105 Chebucto Rd. Halifax, NS B3L 4W8 Phone: 902-453-3937 Fax: 902-453-3959
Dr. Alex Tan	Cataract surgery Diabetes Glaucoma Minor eyelid and adnexal disease Cosmetic eyelid surgery Cornea and external eye disease Neuro-ophthalmology Uveitis (ocular inflammatory disease) Age-related macular degeneration Other (medical) vitreo-retinal & choroidal diseases Any symptomatic eye complaint	Suite 353 7105 Chebucto Rd. Halifax, NS B3L 4W8 Phone: 902-453-3937 Fax: 902-453-3959

Appendix A

Eye Care Working Group Documentation

CLINICAL PRACTICE

Enhancing vision care integration: 1. Development of practice algorithms

D. David Persaud, PhD; Steve Ireigo, MHSA; Raymond P. LeBlanc, MD, FRCSC

ABSTRACT • RÉSUMÉ

Background: Appropriate access to the best quality of vision care is enhanced when patients receive eye care services from the right professional, at the right time, and in the right place. This paper, the first in a two-part series, describes the development of an integrated framework for vision care delivery. Specifically, two patient-centred vision care algorithms for the multidistiplinary management of diabetic retinopathy and the red eye are undiried, and the process that resulted in their development is described.

Methods: The method used relies on a description of a multidisciplinary collaboration that occurred among ophthalmologists, optometrists, general practitioners and representatives of the Nova Scotia Department of Health with the alm of devaloping an integrated patient-focused multidisciplinary framework for vision care delivery.

Results: The process of collaborative negotiation among the four groups resulted in the development of multidisciplinary algorithms for the screening of patients with diabetes mellitus and the treatment of those presenting with a red eye.

Interpretation: Professional scope of practice has always been a contentious issue among health care professions. However, where parties agree to work within an atmosphere of respect and to accept guidance in areas of disagreement from a third party respected by all, compromise is possible. The result was the development of two vision care algorithms and ongoing efforts on the development of other algorithms.

Contexte : L'accès approprié aux meilleurs soins oculaires s'amélione lorsque les pacients reçoivent ceux-ci du bon professionnel, au bon moment et au bon endroit. Cet article, le premier de deux, décrit la mise au point d'un cadre d'intégration des soins oculaires. Il traite particulièrement de deux algorithmes de soins oculaires cenorés sur le pacient pour le traitement multidisciplinaire de la rétinopathle diabétique et de l'exil rouge, et décrit le procédé qui a résulté de leur élaboration.

From the School of Health Services Administration, Dalhousie University, Helifax, NS

Reprint requests to: Dr. D. David Persand, School of Health Services Administration, Dulhousie University, 5599 Perswick St., Hallfux NS BST 1R2; fex (902) 494-6849, d.persand@dal.co

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Enhancing vision care integration-Persaud et al

219

Persaud DD, Jriege S, LeBlanc RP, Enhancing vision care integration: 1. Development of practice algorithms. Can J Ophthalmol 2004;39:219-24.

Appendix B

COS Clinical Practice Guidelines for the Periodic Eye Exam