Bridging the Gap: Improving the Efficacy of Referrals from Primary Care Optometrists to Low Vision Specialists

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Introduction

One in four Americans over the age of forty experiences some level of vision impairment (AOA).1

The services provided by low specialists can significantly improve their patients’ quality of life by improving emotional well-being and independence in day to day life.2

• Management can include prescribing and training patients to use low vision optical devices (telescopes, video-magnification devices, or stand magnifiers) to maximize remaining vision, as well as referring to occupational therapists.3,4

Despite the clear advantages, there remains a discrepancy between the number of patients who would benefit from low vision services and utilization of these services.

• Optometrists play an important role in connecting low vision patients with low vision specialists.
• Specific issues cited previously focus on potential low referral rates by optometrists to low vision specialists and poor patient education of services available to them.
• Previous research focuses primarily on patient barriers to accessing low vision services: driving distances, depression, willingness, etc.

OUR PURPOSE is to provide potential solutions to help primary care optometrists refer low vision patients more effectively in order to make an efficient and timely transition from primary care optometry to low vision specialty care.

Results and Findings

For the survey sent to members of MSO, 21 responses were recorded. Of these, two responses were discarded as the respondents did not identify their primary work as primary care optometry. Additionally, 8 responses were recorded from the 22 low vision specialists from optometry schools in the US.

47% of the Primary Care Responders chose “any visual impairment that limits a patient’s normal visual function.” The rest of the responses vary between 20/40 through 20/200

87% of the Low Vision Specialists considered “any visual impairment that limits a patient’s normal visual function” as being low vision.

Low vision is considered a numerical cut off in the minds of a many of the primary care optometrists whereas most low vision specialists consider it to be based on the patient’s daily function – with differing opinions, all patients are not provided the same options

37% of primary care optometrists are unaware that some insurances cover low vision exams and devices.

• Primary care optometrists may not have adequate knowledge about insurance coverage needed to effectively counsel patients.

53% of primary care optometrists state that their standard of care is to refer patients to a low vision specialist while 28% say they will provide care themselves.

• This decreases referral rates from primary care optometrists, so some patients may not be effectively treated

14 out of 19 primary care optometrists referred to a low vision specialist, while 10 also provided optical devices or information about optical devices.

• Only 3 primary care optometrists cited that they provide insurance information to patients

88% of Low vision specialists claim their patients are unaware of resources available to them when they present for consultation

There is a disconnect between the patients’ understanding and the resources that the primary care optometrists believe that they are offering.

Methods

• Two IRB approved surveys were created to compare the opinions and practices of primary care optometrists and low vision specialists:
  • Primary Care Optometrists at the Massachusetts Society of Optometry (MSO).
  • Low vision specialists at optometry schools across the country.
• Questions within the surveys inquired about low vision definitions and available resources, as well as referral and intake processes.

Solutions

Based on this research, we propose three solutions for the consideration of optometrists.

• Normalize a definition of low vision as any visual impairment that impedes functionality. Discrepancies in the definition of low vision can lead to patients not being referred despite the fact that they can benefit from low vision therapy.

• Provide resources for primary care optometrists regarding insurance coverage for low vision appointments and devices. These could be in the form of a fact sheet, informational email from MSO or other optometric organization, or Continuing Education course.

• Provide advice for increasing the efficacy of referrals to a low vision specialist. This may include calling on behalf of the patient to book the appointment, providing more information about the potential advantages of low vision therapy, and providing information regarding insurance benefits so that patients know if their visits will be covered.

References


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