

Expand Your Practice: How to Integrate Low Vision Into Everyday Patient Care and Improve Outcomes

Course Description:

In this course, you will gain the knowledge needed to successfully and easily incorporate low vision care into a primary care practice. You'll learn how this effective service can complement any medical treatment being given for everyday ocular diseases being managed that cause vision impairment and how it can enhance the overall outcome, both clinically for the patient and financially and reputationally for the practitioner. A review of the key elements of a successful low vision care service will be covered including how to get started, what the best practices are to conduct exams efficiently and how to promote your service.

Learning Objectives:

1. Attendees will understand how to incorporate functional history questions into their standard case history in order to better identify which patients have functional goals
2. Attendees will be able to prescribe appropriate near devices, technology solutions, and other low vision strategies for primary low vision patients
3. Attendees will develop an understanding of how to appropriately bill and code low vision exams

I. Introduction

- a. How do we define low vision
 - i. Review of Academy of Ophthalmology standard of care
 1. Worse than 20/40
 2. Any significant scotoma
 3. Contrast loss
 4. Field loss
 - ii. Review of AOA definition
 - iii. Functional definition (permanently impaired vision in both eyes that causes functional limitations)
 - iv. Review of literature on outcomes in LV
 1. LOVIT
 2. LVROS
- b. Who are the LV patients?
 - i. Current prevalence and incidence models
 - ii. Discussion of common conditions

II. Case History

- a. What are common chief complaints?
 - i. Reading
 - ii. But what else? Driving, device related, diagnosis related
- b. How are chief complaints shifting in the post-COVID era
 - i. Increase in technology related complaints
- c. What is a LV functional history?
 - i. Ask directed questions
 - ii. Ensure that all functional domains are addressed

1. Reading
 2. Driving
 3. Mobility
 4. ADLs/Visual Motor
 5. Visual information/Seeing/Glare
- iii. Don't forget about hobbies/vocational goals
 - iv. Incorporate questions about technology
- III. Assessing visual function
- a. Review of different acuity charts
 - i. Snellen vs ETDRS vs Feinbloom
 - ii. Near acuity vs continuous text near reading
 - b. Review of contrast charts
 - c. Discussion of field testing including facial fields/scotoma assessment
 - d. Trial frame refraction principles
- IV. Near devices
- a. Determining your starting power/Feq
 - b. Review of near tools available
 - i. High adds
 - ii. Hand magnifiers
 - iii. Stand magnifiers
 - iv. Near telescopes
 - c. Case Example
- V. Technology Solutions
- a. Built in accessibility on smart phones (both android and iphone)
 - b. Apps including magnifiers, OCR, and daily living
 - i. Super Vision
 - ii. Seeing AI
 - iii. Aira
 - iv. NFB/BARD
 - v. Color identifiers
 - c. Case example
- VI. Billing and Coding
- a. Billing based on time
 - i. What counts as time spent
 - ii. Defining coordination of care
 - b. Understanding extended refractions
- VII. Conclusions and Take Home Message
- a. Basic inventory and resources to consider having in your clinic
 - b. How to schedule/market yourself as providing these services
 - c. How to educate your patients about the role of low vision services
 - d. Who else should be on your LV team (OT, O&M, state rehab services)