

February 11, 2013

Minutes from OD Low Vision Workgroup meeting

Call participants: Karen Brahm, Lisa Chan-O'Connell, Tim Morand, Olga Whitman, Richard Wacker, Jane Shea, Carmen

1. NEI Handouts

- a) Lisa received a comment (from someone off of a call) that they felt that the NEI Handouts were outdated
- b) People on the call did not feel that the information was outdated. There is also a new "Living with Low Vision" handout that is available on the NEI website.

2. Telehealth

- a) An overview of telehealth was presented on past calls
- b) The next step needs to be completed at a local level. For those clinics who have identified a need for using telehealth in their clinics and are ready to set up the MOVI cameras, they will need to contact their local telehealth coordinators for guidance on service agreements and memorandums of understanding.
- c) No one on the call is currently set up with this. VIST at St. Louis may be using it at other CBOCs. A comment was made that the service agreements are not needed if the cameras are being used initially with staff only (and no pts are involved).

3. USPEQ

- a) Are people getting a good response percentage from the surveys?
 - i) Voluntary services has been used in WACO to help administer the survey to the pt so they can complete it on site
 - ii) A problem was identified that facilities that have multiple programs (ex. low vision clinic, BROS, etc) have multiple surveys going to the pt. These surveys are identical except for the title. The pt doesn't realize that he needs to complete each survey.

4. USA jobs currently has a posting for a 0.5 FTEE low vision OD in TX

5. Question on call: What are people doing as far as continuing education for their LV staff? Are people doing Grand Rounds for Low Vision?

- a) Some facilities have a VIST coordinator who does grand rounds to educate other services in the hospital
- b) Some facilities do grand rounds with their externs or residents.

6. Comment on call: With improved treatments for AMD, there seems to be a decrease in the very advanced disease with central scotomas that are being seen in BRCs. BRCs do not always get appropriate referrals of pts for rehab (ex they do not get pts who would benefit well from rehab or they get pts that do not have a clear ocular diagnosis)
7. Question on call: How do you work with pts who are not legally blind (but previously documented that they are)?
 - a) Should the legal blindness diagnosis be removed? Who should be the one to remove the LB diagnosis? Is there a directive on this issue?
 - b) Tim pointed out a good resource regarding legal blindness on the LV web-based lecture series: Patti Fuhr's power point (listed in the reference section)
 - c) We will continue with this topic on the next call.

Next call April 15