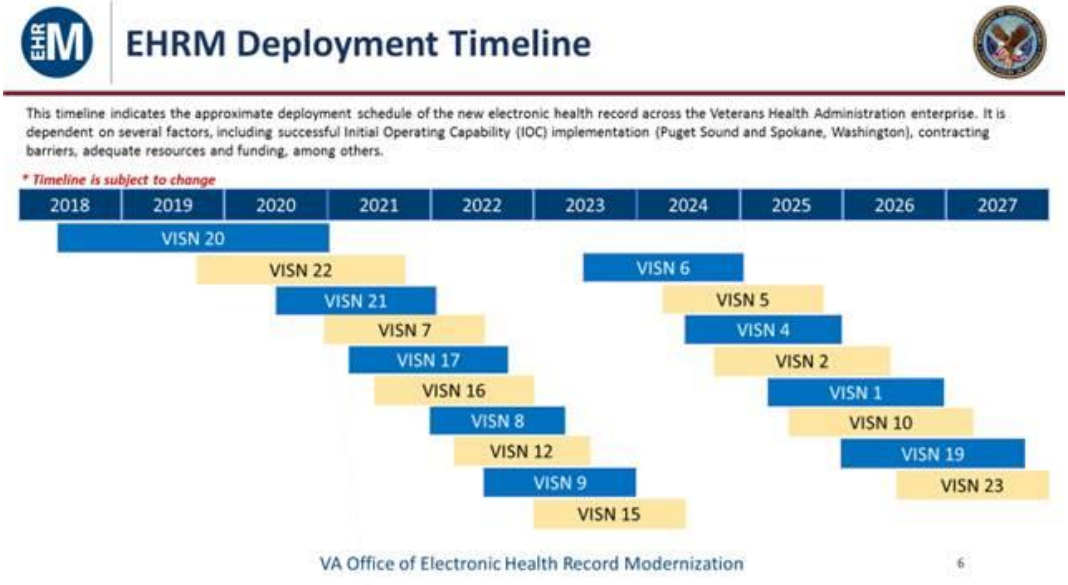
Minutes OD Low Vision Workgroup

Date: August 19, 2019

4-4:30PM EST; 3:00 – 3:30PM CST

Call Participants: Tim Morand, Greg Hopkins, Robert Ruggiero, Michael Fischer, Karen Hoffman, Lisa Chan-O'Connell, Tara Lee, Carolyn Ihrig, Danielle Wilhelm, Bobette Greenfield, Susanna Marcus, Olga Whitman and Rex Ballinger.

1. **Cerner update:** Dr. Rex Ballinger is a member of VACO Optometry National Field Advisory Committee, and a chair of VACO Optometry Service, Electronic Medical Records / Information Technology Subcommittee. He provided an update on the Cerner Project. Cerner is the new EMR that is being developed with a projected 10-year rollout for all of VHA/DoD. The goal is to have all providers use uniform templates and have standard documentation. Blind Rehab and Low Vision templates are currently being developed. They will contain a standard template that may have some flexibility for customization locally. It will also have ability to auto-populate certain fields / discrete elements (such as last Rx prescribed, previous low vision devices, hyperlink to last visual fields, etc.). The template will not lock into every aspect except basic information. There will be standard nomenclature such as ICD 10/SNOMED. The goal is to have information available in a template to cross talk to other templates. For example, the Low vision template may import information from a BRS template or vice versa. There will be a learning curve with the template; over the period of 10 years there will some tweaking and fine tuning of the template. The template will be up and running by March 2020. The office health record modernization has set roll up dates projections below. VISN 20 will be the first with expected rollout date of March 2020.



Questions: can the template be changed after 10 years?

- There will be modifications during the 10 years so everyone should be able to contribute to it. There is expected to have some local customization

Question: how much click and fill vs free text will there be?

- The committee is looking for the fastest way to get accurate and succinct info. There will be some point and click, some free text and some dictation aspect as well.

2. **OPPE:** Ongoing Professional Practice Evaluation. The OPPE was developed as a review method (optometry reviews optometry and ophthalmology review ophthalmology) for specific ocular disease: macular degeneration, diabetic retinopathy and glaucoma. Low Vision was added in 2011 to VHA handbook 1121.01 (attached): *As required by the VHA Eye Care Handbook 1121.01, Appendix C and as agreed to by your local VA medical facility Care Collaboration Agreements, there should be a disease-specific Ongoing Professional Practice Evaluation (OPPE) component within the overall OPPE process in which Optometry reviews the care provided by Optometry for patients diagnosed with AMD, diabetes and glaucoma.*
   In addition, there should be quarterly Joint Collaboration of Care Reviews between Ophthalmology and Optometry to improve the process of care.

   Please review appendix F of the VHA handbook 1121.01 as that section pertains to low vision. Below is copied directly from appendix F. This is a sample agreement.

5. ONGOING PROFESSIONAL PRACTICE EVALUATIONS BY EACH DISCIPLINE
a. There must be periodic (at least every 6 months) clinical reviews (Optometry reviews Optometry, and Ophthalmology reviews Ophthalmology) of patients with low vision and/or legal blindness who are diagnosed with ARMD, diabetic retinopathy, or glaucoma based on current, nationally-accepted standards, which are incorporated into the ongoing review of each practitioner's professional practice and used by the respective Section or Service Chiefs of Optometry and Ophthalmology and the Executive Committee of the Medical Staff for initial privileging and re-privileging decisions.
b. The periodic Ongoing Professional Practice Evaluation disease-specific evidence-based review needs to include: (1) For ARMD patients, there needs to be evidence of referral for Low Vision Rehabilitation Care, as indicated for those Veterans with Low Vision and/or Legal Blindness.
(2) For diabetic retinopathy patients, there needs to be evidence of referral for Low Vision Rehabilitation Care, as indicated for those Veterans with Low Vision and/or Legal Blindness.
(3) For glaucoma patients, there needs to be evidence of referral for Low Vision Rehabilitation Care, as indicated for those Veterans with Low Vision and/or Legal Blindness.
c. Six randomly-selected charts of patients with low vision and/or legal blindness with ARMD, diabetic retinopathy, or glaucoma seen by the Ophthalmology section are reviewed by the Ophthalmology section and six randomly-selected charts of patients with low vision and/or legal blindness seen by Optometry are reviewed by Optometry. ***NOTE:*** *Facilities with a single eye care provider (optometrist or ophthalmologist) need to make arrangements with the respective optometry*

or ophthalmology Veterans Integrated Service Network (VISN) leads or a VA medical facility with optometry or ophthalmology eye care providers to conduct the review, as appropriate.

6. JOINT COLLABORATION OF CARE REVIEW

a. Quarterly Collaboration of Care reviews are to be done jointly by Ophthalmology and Optometry for low vision and/or legal blindness patients diagnosed with ARMD, diabetic retinopathy, and glaucoma. The reviews need to be done in order to discuss the timely and seamless provision of care according to the Low Vision Rehabilitation Care Collaboration Agreement between Optometry and Ophthalmology.

b. The purpose of this joint Collaboration of Care Review is to review the care of the selected patient charts in the context of improving patient care. This two-way discussion needs to occur in the collaborative spirit of informing, educating, and contributing to the eye care provided to the patient, based upon the complementary strengths that Ophthalmology and Optometry bring to the table. Through this non-punitive process patient care is improved and all involved can benefit from the discussion. This Collaboration of Care Review is a Quality Improvement activity, and its confidentiality is covered by Title 38 United States Code (U.S.C.) 5705. As needed, time needs to be provided at the Collaboration of Care Reviews to discuss and improve systems of care.

c. ***Rehabilitation-Low Vision Review.*** *Up to four randomly selected charts (two from patients predominantly seen by Optometry and two from patients predominantly seen by Ophthalmology) of patients with low vision, and one of the preceding three diagnoses need to be reviewed for appropriate referral for low-vision rehabilitation care according to the Care Collaboration Agreement. This review is to be done jointly by optometry and ophthalmology and is to cover the referral of care process.*

3. Head Bourne/Wearable technology: new guidelines were sent by Blind Rehab in May 2019. At the recent convention the new Chief of Blind Rehab announced that the BROS at any site should be able to train and issue the Head Bourne/wearable technology. There was no follow up to that statement. Olga discussed BROS/CLVT training with NPC and was informed that BROS/CLVT can seek training from BROS or other BRS from VISOR/BRC; additional training on a particular device can be provided by the company representative. The goal is to ensure that BRS meets the Clinical competencies required for issuance of Head-Mounted Device, as outlined in BRS HMD Clinical Protocol from May 2019.

Dr. Ihrig - In Buffalo VA, typically the veterans seen within the year can be considered for such devices. A checklist and a team meeting occurs to help determine whether a veteran needs to be evaluated for such devices. In Buffalo, the items are loaned for demonstration/training. New veterans are always seen prior to consideration by the team for such devices. Attached is the sample training and assessment documents from Buffalo, Dr. Ihrig. Thank you.

The AIRA now provides the first 5 mins free on their head-bourne device to all customers.

Our next call is scheduled for October 21th, 2019 @ 4pm EST. We realize that AFOS meeting is set to start that evening, if there are a number of individuals with conflicts, we will try to move the call. Please let us know this conflicts with your attendance to the AFOS meeting.
Any topics/agenda items you would like to add please email to Olga (olga.whitman@va.gov), Karen (karen.hoffman@va.gov) or Lisa (lisa.chan-oconnell@va.gov).