Low Vision TeleEye Rehabilitation Manual

Clinical Video Telehealth

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PUBLICATIONS & WEBCAST/VIDEO REFERENCES:

VA TMS 2nd Edition 2016 VHA-EES Continuum of Care Low Vision Rehabilitation Course #33153 **Module 9: Clinical Video Telehealth in Low Vision Rehabilitation**

STEPS TO OFFERING LOW VISION REHABILITATION SERVICES THROUGH CLINICAL VIDEO TELEHEALTH
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Low Vision TeleEye Rehabilitation Manual
Clinical Video Telehealth
Table of Contents

Step 1: Low Vision TeleEye Rehabilitation Clinical Analysis

Step 2: Telehealth Clinical Coordinator, Veterans Affairs (VA) – Provider Telehealth Education

Step 3: Clinic Stop Codes for Low Vision Clinical Video Telehealth services - Clinic Profiles

Step 4: Clinic appointment grids on the provider side and the patient side

Step 5: Clinical information needed before Telehealth Consult is submitted

Step 6: Chart review by Low Vision Optometrist, prior to scheduling

Step 7: Low Vision Optometrist responsibilities

Step 8: Template preparation by Low Vision Optometrist

Step 9: Low Vision Telehealth Evaluation by Low Vision Optometrist

Step 10: Home Low Vision Optometry Clinical Video Telehealth evaluation (3 options)

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Appendix 1: Low Vision TeleRehabilitation Clinical Analysis Template for meeting
Appendix 2: Telehealth Service Agreement Template
Appendix 3: Letter Template requesting clinical information from Non-VA eye care provider
Appendix 4: Instructions to Telehealth Clinical Technician from Low Vision Optometrist
Appendix 5: Low Vision Optometry Clinical Video Telehealth Evaluation Template
Appendix 6: Video Connection Test Template

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Step 1: Low Vision TeleRehabilitation Clinical Analysis (see **APPENDIX 1**)

- Geographic area and current Staff;
- Name & address of CBOC's within the main VA's catchment area that have the option to travel to the main VA facility for face-to-face Low Vision Optometry services;
- Name & address of other VA's and their CBOC's without Low Vision Optometry care that have the option to travel to the main VA facility for face-to-face Low Vision Optometry specialty services;
- Name and address of Non-VA facilities with access for Veterans;
- Name of Facility Telehealth Coordinator(s) of all facilities in geographic area;
- List of facilities with Telehealth Clinical Technicians currently set up;

Step 2: Telehealth Clinical Coordinator, Veterans Affairs (VA)

- Facilitates the ordering and set up of Telehealth equipment; train Low Vision Optometrist on how to use the telehealth equipment & software
- Establish and implement service agreements (see **APPENDIX 2**) or Memorandum of Understanding, between various facilities
- Hires, manages and trains Telehealth Clinical Technicians on the proper use of Telehealth equipment
- Provider Telehealth Education & Training requirements
    - TMS Course ID **4481967**: Clinic to Clinic Telehealth Provider Training
    - **TMS Course ID 4279335**: Matching CVT Patient Indicated date (PID) for Telehealth
    - **TMS Course ID 4556649**: VA Video Connect to Home (VVC) - Integrated Training.
    - **In Buffalo,** once required coursework is complete, email- **VHABUF VoD Schedulers** to set up equipment orientation.
    - Once the Critical courses and any other courses that may be assigned by your local Telehealth lead are complete, you are ready to set up a telehealth clinic.

Step 3: Clinic Stop Codes for Low Vision Clinical Video Telehealth services – Clinic Profiles

- Primary Stop Code – **220** (VISOR); **437** (VICTORS or Advanced Low Vision Clinic); **438** (Intermediate Low Vision Clinic; **218** (Inpatient Blind Rehabilitation Center); **209** (VIST); **217** (BROS); **439** (Low Vision Care within an Eye Clinic); **197** Polytrauma/Traumatic Brain Injury (TBI);
  - It's important to note that the 220 Stop codes needs to be Primary so the Veteran is not charged a co-pay
- Secondary Stop Code – (Telehealth)
  - Stop Code: 693 Telehealth clinics in a different VA system (D-X)
  - Stop Code: 692 Telehealth clinics in your VA system (S-X)
  - Stop Code: 179 Telehealth clinic in the home with HBPC veterans (-X)
  - Stop Code: 690 Patient site
  - Stop Code: 648 Patient site – assisted encounter to Non-VA Center

Step 4: Clinic appointment grids on the provider side and the patient side: Develop for proper scheduling and documentation. Examples:

- PROVIDER Site Low Vision Telehealth Evaluation by Low Vision Optometrist
  BU-LOW VISION CVT PRO D-X (220-693)
  BU-LOW VISION CVT PRO S-X (220-692)
  BU-LV CVT HOME-X (Home Based Primary Care Veteran) (220-179)

- PATIENT Site
  XX-Low Vision CVT Pat (690): Telehealth Clinical Technician at CBOC or other VA
  BU-LOW VISION CVT PAT (218-690): example: 218/690, to match 218/693; Used when the Veteran is in office (with our VIST coordinator) and telehealth service provider is at a BRC.

- Clinic Grid – example Buffalo VISOR Telehealth Clinic Grid

(1) Buffalo VA 9:05a BU-LOW VISION CVT PRO S-X
Other VA or CBOC 9:00a XX-Low Vision CVT Pat
*****
(2) Buffalo VA 10:05a BU-LOW VISION CVT PRO D-X
Other VA or CBOC 10:00a XX-Low Vision CVT Pat
*****
(3) Buffalo VA 11:05a BU-LOW VISION CVT PRO D-X
Other VA or CBOC 11:00a XX-Low Vision CVT Pat
*****
(4) Buffalo VA 1:05p BU-LOW VISION CVT PRO D-X
Other VA or CBOC 1:00p XX-Low Vision CVT Pat

Step 5: Clinical information needed before a consult is submitted for a Low Vision Optometry telehealth evaluation; Optical & Non-optical devices needed;

- Unaided distance visual acuity &/or current Spectacle correction with distance visual acuity
- Refraction with best corrected distance visual acuity
- Visual field (confrontation or electronic)
- Other necessary test results
- Current diagnosis and treatment options.
- Low Vision devices to demonstrate – patient site:
  - Tray of illuminated stand magnifiers (various powers)
  - Magnifying lamp
  - Low Vision near visual acuity card
  - Talking clock
  - Talking watch
  - Giant view clock
  - CCTV (only at 1 site)

Step 6: Chart review by Low Vision Optometrist, prior to scheduling

- Review clinical information from staff Optometrists & Ophthalmologists in CPRS
- Send letter if needed to local Optometrists & Ophthalmologists requesting current ocular health evaluation (see **APPENDIX 3**) which is faxed to Low Vision Optometrist and scanned into electronic health record. This is needed to review before scheduling Low Vision TeleEyeCare appointment.
- If the clinical information is complete, an addendum is added by the Low Vision Optometrist recommending a consult requesting Low Vision telehealth services at a designated site
- Consult is submitted by Low Vision Optometrist requesting telehealth services.

Step 7: Low Vision Optometrist (LV OD) responsibilities

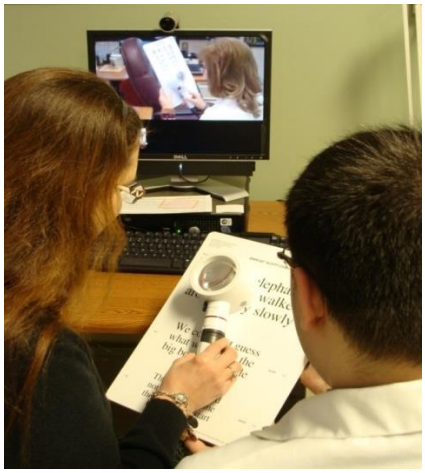
- Once the LV OD has approved the clinical information for LV Telehealth services and submitted a consult, the specified Telehealth Clinical Technician is alerted on the original consult by the LV OD with instructions to schedule the Veteran at the local VA or CBOC for Low Vision Clinical Video Telehealth (see **APPENDIX 4**).

Step 8: Template preparation by Low Vision Optometrist (see **APPENDIX 5**)

Step 9: Low Vision Telehealth Evaluation by Low Vision Optometrist (LV OD) – 1 hour

<picture 1> **Provider View**: Dr. Ihrig at her computer viewing the monitor of our models Ray (TCT) and Sandie (Patient).

- Following the telehealth template, the Low Vision Optometrist reviews the clinical information he/she recorded from the local eye doctor's clinical record or report, interprets the information and discusses with the Veteran.
- The Low Vision Optometrist interprets the Veteran's current clinical information from their local eye doctors, ask functional vision questions, listens and responds to the veteran's answers, questions and concerns, answers their questions and gives specific recommendations to the Veteran, which is the same process when a patient is sitting in the Low Vision Optometrist's exam chair for a face-to-face low vision evaluation.
- With the additional questions asked by the Low Vision Optometrist, each Veteran's response is unique as their questions vary depending on their concerns and goals which the Low Vision Optometrist relates to the patient's diagnosis, refractive status and treatment list.
- Provides education and counseling regarding the visual condition and its implications including recommendations for treatment, management and future care.
- The main goal is to prevent depression by addressing the psychological effects of low vision and provide each Veteran with the knowledge of their clinical information to help them during this challenging transition and introduce magnification and low vision rehabilitation.



<picture 2> **Patient View**: Sandie models the use of a magnifier with Ray (TCT) observing directly and Dr. Ihrig observing remotely. Both Dr. Ihrig and TCT help guide the patient as needed. The TCT does not need to be trained in low vision.

- With help from the Telehealth Clinical Technician, the Low Vision Optometrist records near visual acuity with and without the Veteran's glasses and then depending on their current near visual acuity, the Low Vision Optometrist directs the technician to hand a specific magnifier from the tray or the magnifying lamp to demonstrate to the Veteran and record their near visual acuity.

- During this time the Low Vision Optometrist explains how magnification works and more importantly how it doesn't work.

- A plan of care to improve the patient's visual functioning is identified with specific goals specific to each patient's special vision demands, needs and adjustment to vision loss.

- The Low Vision Optometrist gives recommendations (with positive and negative points) of different devices (optical and non-optical) specific to each veteran and explains they may choose some of these and other devices in the future as one of our low vision therapists trains them in their home specific to a task and related to their goals.

- Template (see **APPENDIX 5**)

- Complete Encounter

  - ☑ Visit Type
    CONSULTATION 99242- 99244 based on number of elements met or in cases where time is the key element for counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. When using time as the key element the time spent on

counseling/coordination or care must be greater than 50% of the time of the examination.

For visits without a consult:
99201-99205 (new) or 99211-99215 (established) based on the number of elements for History, Exam and Medical Decision Making or based on counseling and/or coordination of care with time as the key element.

☑ Diagnosis: Primary – Ocular Diagnosis Code
Secondary – Visual Impairment Code

Step 10: HOME Low Vision Optometry Clinical Video Telehealth evaluation (2 options)

<u>OPTION 1 – pre-COVID-19 pandemic</u>: utilizing Video on Demand (VOD) with a low vision therapist in the home with a Home Based Primary Care Veteran

- Low Vision Optometrist grid BU-LV CVT HOME-X (VOD) (220-179)

- For home LV OD Clinical Video Telehealth evaluations, the low vision therapist takes a VA laptop with Jabber software or iPad (with the VA Video Connect app) to the Veteran's home. (Any potential ocular emergency requires the Veteran to be referred to their primary care Optometrist or Ophthalmologist).

- Schedule patient in CPRS, then open Virtual Care Manager and request Video on Demand (VOD) in the Virtual Medical Room (VMR) for provider (LV OD) and low vision therapist utilizing their email address.

- The low vision therapist troubleshoots any technical difficulties with the technology if needed and connects the Veteran to the Low Vision Optometrist who is at their office location.

- Home Low Vision Optometry Clinical Video Telehealth – patient site view:

- Immediately following the home Low Vision Clinical Video Telehealth evaluation with the Low Vison Optometrist, the low vision therapist provides a face-to-face Low Vision Therapy and activities of daily living skills assessment. Future home visits are scheduled as needed.

- For all home low vision therapist vision rehabilitation encounters, a customized Low Vision Rehabilitation Travel kit is brought to the Veterans home for demonstration and training purposes. This kit includes various magnifiers; telescopes; near visual acuity chart; glare reducing filters; a pocket talker; and various non-optical devices for activities of daily living.

****<u>The Low Vision Optometrist prescribes optical devices based on recommendations from their original low vision Telehealth evaluation and the successful home training by the low vision therapist, specific to the task, which is documented in the Electronic Medical Health Record</u>****

****

<u>OPTION 2 – during COVID-19 pandemic</u>: utilizing Video on Demand (VOD) to patient only in the home OR utilizing Video on Demand (VOD) to patient who has a family member or friend also in the home with the Veteran during the appointment.

- Low Vision Optometrist grid BU-LV CVT HOME-X (VOD) (220-179)

- Home Clinical Video Telehealth evaluations with the Low Vision Optometrist to the patient only in the home OR to the patient who has a family member or friend assist Veteran during the appointment. (Any potential ocular emergency requires the Veteran to be referred to their primary care Optometrist or Ophthalmologist).

    - Exceptions due to COVID 19 – For canceled face-to-face Low Vision Optometry clinics, a low vision TeleEye Rehabilitation clinic is recommended to provide modified low vision rehabilitation care without a current OD/MD report. If needed, the Veteran will be scheduled in the future when face-to-face appointments can be scheduled.

- Additional requirements:
    - Veteran utilizes OR Veteran's family member or friend currently utilizes email on a computer, laptop or smartphone in their home; For iPhone users only: go to the app store and download VA Video Connect app; If the Veteran does not have access to the internet, a VA full size iPad or iPad mini is ordered and shipped to the Veteran per VA consult with either Verizon or T-mobile service.

- Low vision therapist(s) or case manager verifies and confirms Veteran's email or cellphone access and tests their Video on Demand connection using the Virtual Medical Room (VMR) or (other:_____); (see **APPENDIX 6**)
- Schedule patient in CPRS with Low Vision Optometrist, then open Virtual Care Manager and request VMR for provider (LV OD) and patient utilizing their email address; or use their cellphone or email address to connect using other:_____.
- Print and mail free near vision chart to patient; If the patient has a printer, email the free near charts to them to print for appointment.

https://leftseat.com/wp-content/uploads/2018/04/FAA-Medical-Standards-Near-Vision-Eye-Chart.pdf

Printable Near Card v2.pdf

- Home Low Vision Optometry Clinical Video Telehealth modifications (2 separate clinical visits)
  - 1st VOD Low Vision Optometry clinic visit: follow LV telehealth evaluation template (**Appendix 5**);
  - With near chart sent to patient, near visual acuity is measured with and/or without their current spectacle correction and with their current magnifier, if available;
  - The Low Vision Optometrist recommends and prescribes minimal optical devices, which is documented in the electronic medical health record;
  - Order device(s) and mail to Veterans home and schedule 2nd clinical visit once patient has device(s);
  - Schedule patient for second home LV Optometry appointment in CPRS, then open Virtual Care Manager and request VMR for provider (LV OD) and patient utilizing their email address. Or use their cellphone or email address to connect using (other:_____).
  - This appointment is for training and near visual acuity measurements with devices provided;

- Home Low Vision Optometry Clinical Video Telehealth – patient site view:

- Immediately following the home Low Vision Clinical Video Telehealth evaluation with the Low Vison Optometrist, the low vision therapist provides a VOD Low Vision Therapy and activities of daily living skills assessment;

    - Set up clinic grid BU-BRS VVC 220-179

- Future Home visits can be scheduled, or future VOD training appointments can be scheduled if face-to-face home visits are not an option to schedule.

****

APPENDIX 1:

Low Vision TeleRehabilitation CLINICAL ANALYSIS Meeting

Geographic area and current Staff

1. Name & address of main VA facility with Low Vision Optometry Services:
   _____
   _____

   a. Low Vision Optometrist available yes no
      i. Name(s) _____

2. Name & address of CBOC's within your main VA's catchment area that have the option to travel to your main VA facility for your face-to-face Low Vision Optometry services
   _____
   _____

3. Name & address of other VA's and their CBOC's without Low Vision Optometry care that have the option to travel to your main VA facility for your face-to-face Low Vision Optometry service:
   _____
   _____

4. Name and address of Non-VA facilities with access for Veterans: _____
   _____
   _____

Step 2:

1. Name of Facility Telehealth Coordinator(s) of all facilities in geographic area:

2. List of VA facilities with Telehealth Clinical Technicians currently set up:

APPENDIX 2:

TELEHEALTH SERVICE AGREEMENT

PURPOSE:

The Telehealth Service Agreement specifies and governs the clinical, business, and technical details of operations of the telehealth services between Receiving and Providing Facilities and defines the responsibilities and procedures involved in establishing and operating a telehealth clinic between the involved medical facilities.

VARIABLES AND RESPONSIBILITIES:

A. Telehealth clinical application/service: Low Vision Evaluations

B. Originating, (Patient) site: _____ Primary Contact: FCC_____

C. Distant, (Provider) site: _____ Primary Contact: FCC_____

NOTE: See Attachment 1 of this agreement for a listing of all key personnel for this telehealth service

D. The following telehealth modalities will be employed with this program:

- [X] Clinical Video Telehealth, (Synchronous)
- [ ] Store and Forward, (Asynchronous)

E. Scope of services to be provided to the patient(s):

- [X] Teleconsultation:

  CPRS consult process will be used for documentation of clinical opinions and recommendations

- [ ] Telemedicine service:

  Requires: 1) direct documentation in the Veteran's Medical Home CPRS medical record and 2) initial interfacility consult to register patient at provider facility for workload purposes

F. Telehealth care providers are credentialed and privileged to provide the above noted clinical service(s) at the Provider Facility and, under the terms of the current Telehealth MOU for Credentialing and Privileging between the Providing and Receiving Facilities, are permitted to provide this/these clinical service(s) to the Receiving Facility, including satellite clinics, in accordance with the privileges specified in the MOU.

NOTE: See Attachment 1 of this agreement for a current listing of privileged providers for this telehealth service and Attachment 2 of this agreement for a list of provider performance indicators to be monitored for this telehealth service.

G. Admission criteria for this service: Any veteran who is partially sighted, legally blind or blind due to specific ocular pathology, ocular trauma, degenerative diseases, etc.

H. Discharge criteria from this service: No discharge criteria as services are ongoing and re-evaluations as needed.

I. Methods of communication (phone, secure e-mail, pager):

1. For a questions/issues that may not need an appointment: Phone, secure e-mail
2. For questions about care or recommendations of the consultant: Phone; secure e-mail.
3. For immediate needs/urgent care situations (e.g., critical lab values or time-dependent diagnoses): Phone, pager
4. For last minute cancellations: Phone, secure e-mail; pager

J. Clinical information required prior to the consultation visit:

1. Specific clinical history: Most current Eye Evaluation.
2. Labs: N/A
3. Imaging: N/A
4. Studies: N/A
5. Screenings: N/A
6. Other:

7. Expected time frame for a response to the consult:
8. Simple questions:
9. Routine consultations: 14 days
10. STAT/urgent:
11. Store/Forward consultations: N/A

K. Telehealth Variables

1. For CVT Clinic
    a. Days/times:
    b. Length of new (initial) patient appointment (minutes): 60 minutes
    c. Length of established (returning) patient appointment (minutes): 30 minutes for return appt/evaluation.
2. Telehealth Clinical Protocol (if available) and/or:
    a. Telehealth Technology Requirements: Blind Rehab Equipment provided by Blind Rehab Central Office (Provider and Patient sites.)

b. Telepresenter/Telehealth Staff Skill Level and Requirements: VIST Coordinator to have familiarity with the CVT unit; LV optometrist to review patient's medical record (eye information) prior to scheduled visit; **familiarity with ocular devices for use during session.**

3. Other requirements:

Note: To facilitate scheduling of telehealth consults, the referring facility will provide information in the consult: 1) indicate the location where the patient will present for the consultation visit and 2) obtain current telephone (contact) number(s) for the patient.

L. Quality Management/Patient Safety:

1. Urgent/Emergent events:

a. Service-specific emergency plan, (In the event that a patient medical or behavioral emergency occurs during a telehealth visit, what actions/activities are expected to be performed by the provider site staff and by the patient site staff ?) :

a. Provider site staff will: contact PSA / TCT @ identified Bath VA/CBOC re: medical or behavioral emergency.

b. Patient site staff will: Contact VA Police of behavioral emergency; follow established emergency medical and behavioral procedures.

NOTE: Administrative reporting contacts for urgent/emergent events are listed in tables below.

2. Indicators to monitor/measure the effectiveness of this specific service agreement: (1) improve access to low vision evaluations; (2) decrease travel time for veteran; (3) increase time with Blind Rehab Specialist.

M. Reimbursement/billing considerations: VERA reimbursement will increase if we identify additional legally blind veterans for our service.

ORIGINATING, (PATIENT) SITE:

_____ _____

Service Chief Date
(Referring Service)

_____ _____

Facility Telehealth Coordinator Date

DISTANT, (PROVIDER) SITE:

_____ _____

Service Chief Date
(Provider Service)

_____ _____

Facility Telehealth Coordinator Date

Attachment 1: Key Contacts and Privileged Providers For This Telehealth Service

(Note: Key Contacts and Privileged Providers will be updated as staff changes occur.)

Updated:

_____ _____ _____

Date Chief of Service Facility Telehealth Coordinator

For Interfacility Telehealth Services, Providing Facility Privileged Providers:

Provider Name	Credentials	Specialty	Phone/Pager Number
Low Vision Optometrist _____			

Providing (Provider) Facility: Key Contacts:

Staff Function	Name/Title	Phone/Pager	Notes
Facility Patient Safety Officer			
Facility Telehealth Coordinator			
Clinical Specialty Primary Point of Contact (POC)	Low Vision Optometrist _____		
Administrative Primary Point of Contact (POC)			
Clinical Application Coordinator			
Scheduler for: • VISTA (patient, provider) • Share Point (room, equipment • Multi-point (if needed)			
Equipment set up, testing, troubleshooting—Provider site			
Emergencies: • Technical • Patient intervention • Administrative reporting			
Closes provider VISTA encounter			
Closes CPRS Clinical Consult			

Updated:

_____ _____ _____

Date Chief of Service Facility Telehealth Coordinator

Receiving (Patient) Facility Key Contacts:

Staff Function	Name/Title	Phone/Pager	Notes
Facility Patient Safety Officer			
Facility Telehealth Coordinator			
Clinical Specialty Primary Point of Contact (POC)			
Administrative Primary Point of Contact (POC)			
Telepresenter(s)			
Clinical Application Coordinator			
Scheduler for: VISTA (patient, provider) Share Point (room, equipment Multi-point (if needed)			
Reminds the veteran of the appointment			
Equipment set up, testing, troubleshooting—Patient site			
Patient and environment preparation			
Emergencies: Technical Patient intervention Administrative reporting			
Patient satisfaction survey			
Closes patient VISTA encounter			
Closes CPRS CCT admin consult			

APPENDIX 3:
Letter TEMPLATE requesting current clinical information from Non-VA Optometrist &/or Ophthalmologist

Date: _____

To: _____
_____
_____
_____

From: Low Vision Optometrist
VA Facility
Address
City, State zip code

RE: _____ ; DOB:_____ ; Last four SS# : _____

Dear Doctor _____:

_____ has requested Low Vision Telehealth **services** at our _____ clinic at the _____ VA.

We would appreciate your cooperation in providing the necessary information we need to be able to schedule a Low Vision Telehealth evaluation and therapy session. This will keep us from having to schedule an additional office visit for our veteran at our VA.

If you have any questions, please feel free to contact me.

Thank you,

Low Vision Optometrist
VA Facility
Address
City, State zip code
Fax #

Date: _____

From: _____
_____
_____

RE: _____**Last four SS#_____**

Date of Last visit: _____ Diagnosis: _____
_____

Unaided Distance Acuity: OD _____
OS _____

Most recent Spectacle RX and/or Refraction: Date:_____
OD _____Distance VA:_____Add +_____D, Near VA:_____
OS _____ Distance VA:_____Add +_____D, Near VA:_____

Confrontation Visual Fields:
OD: ( ) full peripheral visual field; ( ) constricted peripheral visual field
OS: ( ) full peripheral visual field; ( ) constricted peripheral visual field

Amsler Grid:
OD: ( ) central scotoma
OS: ( ) central scotoma;

Legally Blind: ( ) Yes; ( ) No; if yes, PLEASE SEND copy of NYS Mandatory Eye Report with this report?

Signature: _____
Printed: _____

<u>Please return completed form by fax or mail to address below, at your earliest convenience</u>.

Low Vision Optometrist
VA Facility
Address
City, State zip code
Fax #

APPENDIX 4:
Instruction to Telehealth Clinical Technician from Low Vision Optometrist

Example:

LOW VISION/BLIND REHAB **CLINICAL VIDEO TELEHEALTH** CHART REVIEW: Consult and chart reviewed by the Low Vision Optometrist. Clinical information is sufficient to schedule low vision telehealth appt with _____ program.

Will alert RO-TCT, Joan & Joe Technician to:

Please schedule:
BU-LOW VISION CVT PRO D-X Low Vision Eval with Dr. _____

Please attach the **BU Low Vision Rehab OUTPT consult** to the scheduled **BU-LOW VISION CVT Pro D-X** appointment;

ALSO, PLEASE REMIND VETERAN TO BRING IN HIS/HER GLASSES AND ANY MAGNIFIERS THAT HE/SHE IS USING. Thank you.

PLEASE ALERT ME WHEN SCHEDULED. Thank you.

****

APPENDIX 5:
Low Vision Optometry Clinical Video Telehealth Evaluation Template

PER TCT, VETERAN has agreed to be evaluated with the use of Clinical Video Telehealth.

****
VISION REHABILITATION TELEHEALTH EVALUATION

PER VETERAN he has agreed to share information during this evaluation with _____ currently in the exam room.

****

LAST EYE EXAM: _____;

PREVIOUS LOW VISION EVAL: _____ (or) none prior;

Per EYE CLINIC note(s) by Dr. _____ dated _____ :

DIAGNOSIS: macular degeneration; glaucoma; diabetic; diabetic retinopathy; cataracts; pseudophakia; laser; injections; _____

PRESENT RX: _____
OD _____ DISTANCE VA: ____, ADD +___D NEAR VA: __
OS _____ DISTANCE VA: ____, ADD +___D NEAR VA: __

UNAIDED ACUITY: DISTANCE VA OD ____, NEAR VA OD ___
DISTANCE VA OS ____, NEAR VA OS ___

TRIAL FRAME SUBJECTIVE REFRACTION: NO IMPROVEMENT OU (PHNI OU)

SUBJECTIVE REFRACTION:
OD _____ VA: ____, Add +____D VA: ____
OS _____ VA: ____, Add +____D VA: ____

CONFRONTATION VF: central scotoma only, no peripheral field constriction OU; peripheral field constriction OU; _____

****
PAST MEDICAL HISTORY:

****

1) OBSERVATIONS:
ENTRY ROOM/CHAIR: natural; hesitant; unsteady; needs assistance; wheelchair; NOT OBSERVED
PERSONALITY: outgoing; neutral; withdrawn;
ALERTNESS: good; fair; poor;

2) MOBILITY:
WALKS ABOUT: Reports Denies walking alone outdoors during the day only;
CROSSES THE STREET: Reports Denies crossing the street alone;
Reports Denies using a cane; walker; wheelchair; scooter;
PATIENT REPORTS GETTING ABOUT INDOORS: by using sight; touch; both sight and touch;

3) DISTANCE VISION:
Reports Denies seeing street signs up close;
Reports Denies being able to recognize faces first, before hearing their voice or identifies their body shape, unless they are up close;
Reports Denies being able to recognize voices or identifies their body shape;
Reports Denies watching television at a distance of ___ feet on a ___ inch TV;
Recommend patient sit closer to television; Discussed MaxTV;
Reports Denies listening to TV only;
Reports Denies driving and retaining a license.
Patient reads bus numbers: yes; no; not applicable;

4) ILLUMINATION:
Reports vision is better on sunny days; is better on cloudy days;
is not better on sunny or cloudy days;
Reports glare does bother patient greatly; moderately; slightly;
does not bother them;
Reports utilizing _____ to reduce glare;
Reports glare reducing filters are sufficient; not sufficient; not necessary; too dark and patient chooses not to wear; discussed possible benefits of other glare reducing filters;

5) NEAR VISION: patient reports utilizing: _____

Patient reports being able to read parts of mail; newspaper headlines; newsprint; large print books; magazines; price tags and labels; package instructions; medicine labels;
Patient reports **not** being able to read since for the past _____ months / years ;
Patient reports playing cards; playing bingo; cooking; various needlecrafts; caring for indoor plants; gardening in summer time; doing yard work in summer time;
Patient reports other hobbies: audio books; _____ ;

Patient denies using a computer in the past;
Patient reports currently using a computer with internet access;
Patient reports currently using a computer without internet access;
Patient reports using a computer in the past, but stopped when vision decreased.
Patient reports a family member uses a computer and has internet access. Discussed My HealtheVet registration.
Discussed computer access training and My HealtheVet registration.

****
PROSTHETICS (VA):

****

6) CHIEF COMPLAINT: Patient would like to _____;

EVALUATION, RECOMMENDATIONS AND TREATMENT PLAN

ECCENTRIC VIEWING: discussed

DISCUSSED TELESCOPES:
Patient reported denied having a pair of binoculars at home;
Patient reported currently utilizing device for distant viewing;
Recommend to try for distant viewing;

NEAR VA (UNAIDED): OD _____ OS _____ OU _____
NEAR VA (WITH BIFOCALS/READING GLASSES): OD _____ OS _____ OU _____

MAGNIFIERS and/or MICROSCOPE: Demo'd __ X +__ D illuminated stand mag / illuminated hand mag / +__ D high plus magnifying glasses, VA: OD ____M; VA: OS ____M; VA: OU _____ M ;

OBSERVATIONS OF HAND MOVEMENTS: steady; trembling; NOT OBSERVED;

****
DISCUSSION AND COUNSELING FOR VISION REHABILITATION AND PATIENT/FAMILY EDUCATION/COUNSELING: Discussed in detail the following items: (delete what is not applicable):

Current eye condition, functional implications, and prognosis of their eye condition discussed. Visual concerns were discussed including safety and general medical care. Importance of continuous eye care for vision preservation stressed. All questions were answered.

Instructions were given for contrast enhancement, glare reduction techniques such as use of tints/filters. Discussed the importance of appropriate task lighting, type and positioning, ADL compensatory strategies, environmental adaptations/modifications.

Discussed specific reading techniques, eccentric viewing, principles of magnification and low vision devices to address goals, specific active daily living adaptations and the importance of practice in acquiring skills.

Psychological factors were discussed including the importance of activity and maintaining independence.

Patient was educated on the limitations of spectacle correction in the presence of ocular pathology; however, ocular protection was stressed.

Visual impairment and legal blindness discussed.

Discussed electronic magnification for continuous reading.

Discussed telescopic magnification; advised to move closer to TV.

Technology features that may help accomplish tasks. Need for additional evaluation for access technology.

Vision rehabilitation program and treatment plan were discussed. Patient understands that services will be coordinated with Vision Rehab team to maximize functioning and safety.

Application completed for State Library for accessible reading materials including audio and large print books and magazines.

VA and community resources available. Role of VIST coordinator.

Visual hallucinations, Charles Bonnet syndrome discussed; educational material given.

Risks associated with dual sensory impairment; importance of Audiology evaluation/re-evaluation was stressed.

Dealing with the perceptions of others and fear of blindness.

DRIVING: Veteran no longer drives.

Veteran was educated on today's findings. Based on visual acuity / visual fields veteran is not within the guidelines to drive in the state of _____ . Driving cessation discussed. Referred to VIST coordinator to discuss alternative transportation options.

Legal vs. Safe issues discussed. Behind the wheel evaluation recommended.

Veteran was educated on today's findings. Based on visual acuity veteran would qualify for Modified Vision Program. Information given.

****
PLAN: The Veteran's visual rehabilitation service is medically necessary because the veteran has a visual impairment not correctable by conventional refractive means; and the veteran has a clear potential for significant improvement in function following rehabilitation within a reasonable period of time. The goal of our low vision rehabilitation service is to use devices and education to minimize vision related disability when no restorative process is available. The purpose of low vision rehabilitative therapy is to maximize the use of residual vision and provide the patient with many practical adaptations for activities of daily living (ADL), enhancing safety, confidence and independence.

****
RECOMMENDATIONS:

ORDER

LOW VISION THERAPY

CONTINUE CARE WITH EYE CARE PROVIDER;

PATIENT IS / IS NOT LEGALLY BLIND;

CONTINUE CARE WITH VIST COORDINATOR - _____

****

Note: Visual acuity and visual fields given in this summary are derived using techniques, lighting, and equipment designed for low vision rather than the standard techniques, lighting, and equipment described in the VA PHYSICIANS GUIDE DISABILITY EVALUATION EXAMINATION and cannot be used for rating purposes.

****

_____

MEDICAL DECISION MAKING: Due to diagnosis, listed above, patient's central and/or peripheral vision is impaired resulting in the need for vision rehabilitation to increase visual functioning.

_____

PROGRESS: Explained to patient, that services will be coordinated as needed with our Vision Rehabilitation department to provide home vision rehabilitative services and to monitor their progress with optical and/or non-optical devices.

_____

DISCUSSION AND COUNSELING ISSUES FOR VISION REHABILITATION: Discussed in detail the patients functional implications and prognosis of their eye condition. Visual concerns were discussed including safety and general medical care. Instructions were given for contrast, lighting, specific reading techniques, eccentric viewing, principles of magnification, specific active daily living adaptations and the importance of practice in acquiring skills. Psychological factors were discussed including the importance of activity and maintaining independence.

****

Today I personally spent __ minutes with patient, of which greater than 50% (coding by time) of the time was spent in patient education, counseling, and coordination of vision rehabilitation care in the detailed items above (excluding time spent for refraction and special procedures).

APPENDIX 6:
TEMPLATE TO TEST VIDEO CONNECTION

****

Length appt: 5-10 minutes
Encounter start time: _____
Encounter end time: _____
Purpose: adaptive technology
CPT Code: 98966
Referral: **(Low Vision Optometrist) (VIST Coordinator)**
Diagnoses: _____

Veteran was referred to this writer by the **(Low Vision Optometrist) (VIST Coordinator)** for assistance with adaptive technology. Today's call is to address veteran's needs.

The patient verbally consented to the video connection using the **Virtual Medical Room (VMR)** (**other:_____**) for today's session. This writer spoke with veteran via phone and **(VMR) (other:_____)**.

The patient was given the opportunity to ask questions regarding how to connect to the video visit using **(VMR) (other:_____)** and what to expect during the video visit. Patient also received hands on training using **(VMR) (other:_____)** with this writer.

The patient was assured the **VMR** video visit occurs over a secure VA server. Patient was informed they would not be on "TV" and made aware providers are conducting the **VMR** video visits in private locations in outpatient clinics or in personal office space while adhering to confidentiality standards.

Patient and/or Caregiver capabilities:
___Intact cognitive function;
___Able to see;
___Able to hear;

___has given verbal consent to participate;

___This was a trial connection which did occur successfully - satisfactory video and audio quality;

___Patient understands they have the right to decline/stop video visit at any time without adverse effect on continued access to health care services;

The patient was given writer's contact information in the event patient had problems before or during the trial connection. Patient is to be given contact information of provider conducting the video visit using **VMR (other:_____)**. This contact information is to be used if patient experiences difficulty connecting to the video visit. Patient made aware this contact information is not to be used for emergencies and was instructed to dial 911 in the event of an emergency.

***As video visits using **(VMR) (other:_____)** can be completed using a mobile device from any location please inquire with patient at start of visit as to their physical location in order to direct first responders to patient's correct location in the case of an emergency. This is important in the event the patient is located somewhere other than their home during the **(VMR) (other:_____)** video visit.

***If the patient is not able to dial 911 in the case of a medical or behavioral emergency please dial 911 for the patient and provide the 911 Operator with the patient's location. Please stay connected w/ the patient via the **(VMR) (other:_____)** video visit until first responders have arrived at the patient's location.

Contact Information:

Patient's home address: see CPRS

Patient or designated person's **(phone number: _____)** or **(email address: _____)** is authorized to be used for **(VMR) (other:_____)**.

Type of device & operating system of device patient used to complete trial connection: **(iPhone) (iPad) (Android phone) (tablet) (laptop) (desktop computer)**

Plan:
___Notify provider the **(VMR) (other:_____)** trial was successful and patient is now ready for video visits using **(VMR) (other:_____)**.

****