

## **Low Vision Ocular Rehabilitation Telehealth**

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### **INTRODUCTION:**

Patients with low vision who live in rural communities have limited access to low vision rehabilitation services, unless they are able to travel several miles to a specialty low vision clinic. A low vision ocular rehabilitation telehealth evaluation is a thorough assessment of patient's functional vision. Following each low vision ocular rehabilitation telehealth evaluation is a low vision rehabilitation initial assessment with a low vision therapist. Travel cost and time savings resulted in acceptance and practicality of low vision ocular rehabilitation telehealth services. In March 2020, the COVID-19 pandemic resulted in the cancellation of all in-person low vision ocular rehabilitation services and clinical video telehealth clinics at community-based outpatient center resulting in no access to low vision ocular rehabilitation services. To prevent delay of beginning low vision ocular rehabilitation services due to travel restrictions and health and safety issues during the pandemic, all low vision ocular rehabilitation care was switched to the home to patients who had video access on a computer, laptop, tablet or smartphone.

### **MATERIALS AND METHODS:**

Utilizing Google Maps™ estimated round trip travel mileage and travel time can be calculated between the patient's home and the distant specialty clinic and compared to the round trip mileage and travel time between the patient's home and local outpatient center for low vision ocular rehabilitation telehealth services. The difference is the savings in travel miles and time. Cost savings can be calculated by multiplying difference in travel miles by cost per mile. During the COVID-19 pandemic, case managers began to cancel all in-person low vision ocular rehabilitation services and offer home low vision ocular rehabilitation telehealth services. Those patients and their families, who did have video access on a computer, laptop, tablet or smartphone, scheduled a home low vision ocular rehabilitation telehealth evaluation and therapist assessment. Those patients who did not have video access waited to schedule a future in-person low vision appointment or low vision clinical video telehealth appointment at a local outpatient clinic (post-COVID-19).

**RESULTS:** Adding low vision ocular rehabilitation telehealth services from FY 13 to FY 19 resulted in a 25% increase in low vision patient care. Overall, the median savings of the travel cost was \$65.24 per patient and the median savings of travel time was 2.06 hours per patient. During the COVID-19 pandemic, 58% of the canceled patients schedule option 2 home low vision ocular rehabilitation telehealth evaluations and were delayed on average 25 days; 27% who waited until in-person clinics were open, were delayed on average 153 days; 11% who waited until rural outpatient clinics were open, were delayed on average 138 days; and 4% who waited until home low vision ocular rehabilitation option was offered in the future, was delayed 98 days. Of the new patients referred during COVID-19, 91% scheduled home low vision ocular rehabilitation telehealth evaluations without delay, and 9% waited for in-person services.

### **CONCLUSION:**

This study shows and supports low vision ocular rehabilitation telehealth services as an accepted, practical, time-saving and cost-saving alternative option to traditional in-person consultations with a low vision optometrist and low vision therapist. Utilizing low vision ocular rehabilitation telehealth increases access as early as possible and enables patients who cannot travel to a specialty clinic the opportunity to prevent potential decline in functional ability over time.

### **BIOGRAPHY:**

**CAROLYN IHRIG** Carolyn Ihrig, OD, FAO is a graduate of the Southern California College of Optometry and has been a VA Optometrist for 15 years. She is a qualified Vision Rehabilitation Optometrist for 37+ years and serves as the Vision Impairment Services for Outpatient Rehabilitation (VISOR) Chief at the Buffalo NY VAMC. Since 2012, she has pioneered the use of telehealth to successfully deliver low vision ocular rehabilitation telehealth services to the clinics surrounding her VISOR clinic & rural VA's in western New York and to the Veterans home. She has published her work in this area and has worked to expand Low Vision Telehealth in Puerto Rico and currently working to share VA low vision services between the Washington DC VA and Walter Reed National Military Medical Center

