LOW VISION REHABILITATION IN THE AGE OF SOCIAL DISTANCING

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Thank you to e-Sight for inviting me and thanks to everyone for attending

I have no disclosures relevant to this presentation

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- During these pandemic times, we will go through at least three stages in caring for our patients/clients
  1. Virtual health only
  2. Limited and very cautious face-to-face visits
  3. Resumption of normal scheduling and regular practices

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- Advantages of virtual health in low vision rehabilitation
  - Safer for patient and provider during times of social distancing
    - Many low vision patients (and providers) at risk of Covid-19 complications
  - Keeps patient and provider in touch and working on goals
  - Some visual metrics can be accomplished
    - Visual acuity method demonstrated later

- Challenges of virtual health visits in low vision rehabilitation
  - Unable to do a refraction
  - Unable to evaluate devices and most strategies
  - Communication with patient is more limited
    - Especially non-verbal communication
    - Less of an emotional connection
  - More difficult to collaborate with co-workers

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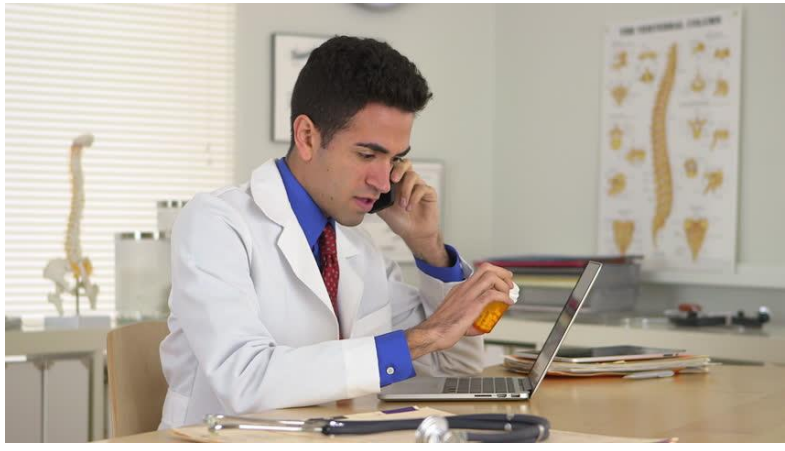
Types of virtual health visits

- Phone calls
  - Obviously lacks video element, but still very useful
  - I have recently guided patients on use of devices and strategies for working on their goals
- Informal audio-video platforms
  - FaceTime, Google Duo, Zoom are options
- More formal and secure platforms
  - Linked through electronic medical records systems or patient portals
  - More secure, but also more complicated



Facilitating virtual health visits

- Introductory call by provider or staff member to make sure patient has the technology for the visit and knows how to use it
- Explain to the patient/client what can and can't be accomplished
- Have a plan for recording findings
  - Dual monitor is a big plus

- Types of visits best suited to virtual health
  - Follow-up visits are by far the best
  - Could use virtual health for history and to get ideas for what patient/client's struggles and goals are, so time is saved when a face-to-face visit is possible
  - Any time a patient is having a problem or facing a new challenge
    - Encourage patients/clients to reach out to you if they are having difficulty

- Limited and very cautious return to face-to-face care
  - Precautions we're taking – on the patient's side
    - Pre-visit telephone screening: Exposure? Symptoms? Travel?
    - Limited building access – initial check-in is done with patient still in their vehicle
    - Mask required
    - No waiting rooms – patient escorted directly from entry to exam room
    - Limited accompaniment: No one <16 years old, not more than one, no recently exposed or symptomatic people allowed in building
    - Checkout/next appointment done over phone in parking lot

- Limited and very cautious return to face-to-face
  - Precautions we're taking – on the provider's side
    - Limited schedules
    - Staggered schedules and considering split schedules
    - Mask worn (N-95 in low vision due to longer visits)
    - Gloves
    - Room wipe-down following each appointment – then wait 10 minutes

- Will the world be different after the coronavirus is defeated?
  - Virtual health will likely continue at unprecedented levels
    - A virtual health follow up is *much* better than no follow up at all!
  - Increased awareness of hygiene
    - Medical visits
    - Social norms: Shaking hands? Hugging?

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- Method of measuring visual acuity in a virtual health visit
  - Challenges
    - If a chart to be printed is e-mailed to a patient, they may not have a printer
    - If a chart is used that appears on the patient's screen, the size of the screen will determine the size of the optotypes
  - Novel method described that takes into account the size of the patient's screen and the distance from it

- Thanks for your attention
- I'm very interested in your questions, comments and thoughts

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