**AGING AND VISION LOSS NATIONAL COALITION (AVLNC)**

Access To Quality Services Committee

CPR/Medical Fact Sheet

Two-way communication between the traditional vision rehabilitation field and the eye care community remains problematic and often ineffective. This often results in lack of adequate systems for medical providers to easily identify and acknowledge those critical vision rehab services needed by their patients. The list of suggestions below are designed for vision rehabilitation agencies to implement, which may help in bridging this gap.

1. Marketing
	1. Materials/brochures/flyers should focus on benefits to the majority of eye care patients, i.e. low vision. Concepts associated with maximization of remaining vision and increased functional vision, improved quality of life, etc. should be emphasized.
	2. If possible, utilize easily recognizable medical professional to conduct some aspects of the marketing process, such as OT, RN, Public Health Education, etc.
	3. Invite local representatives of eye care community to your agency for brief educational sessions; lunch and learn opportunities; low vision equipment demos; etc. You may consider offering your space for meetings of your local ophthalmology/optometric communities.
2. Ease of access/entry portal to services
	1. The easiest/most accessible entry point is via a low vision clinic operated under a medical model. Typically staffed with Occupational Therapists (OTs) with low vision background and expertise, these services are more easily acknowledged and recognized by other eye care providers. When housed in and operated by the vision rehabilitation agency, these low vision clinics should become the primary pipeline for all other services provided by the agency. It is critical that clinical low vision interventions are clearly identified and distinguished from the provision of eye care, as to clearly avoid any semblance of conflict and/or competition.
	2. If establishing a low vision clinic is not practical (one or more may already exist in a community), efforts may be made to establish some close linkages with one or more existing ones. Protocols may include distribution of brochures; stationing of case management staff at the clinic(s); ongoing communication between clinical staff from LV clinic and vision rehab agency; easy sharing of patient case notes and reports; etc.
3. Communication
	1. As referrals for low vision are received from the eye care community, it is important to (1) acknowledge receipt and (2) communicate results of any intervention. When done for all cases, this communication will ensure that ongoing exposure of vision rehab services to the referring eye care practice.
	2. By requiring a referral from an eyecare practice be accompanied with an eye report, the Low Vision Clinic/Vision Rehab facility is also facilitating referrals from the agency to the eyecare practice itself.
4. Return on Investment (ROI)
	1. Improved overall quality life for patients.
	2. By maintaining ongoing contact with patients, the vision rehab agency can ensure patients go back to their eye doctor for routine annual eye exams.