

Paul B. Freeman, O.D.

The cost of independence

It does not require a degree in economics to appreciate the dire straits our country is in financially. Despite the infusion of dollars into the marketplace as a stimulus for some form of economic recovery, there are still going to be some services that will be scrutinized for their apparent need, then reduced or eliminated. In an article in the *Wall Street Journal*, it was reported that "several states are rolling back support services for the elderly and disabled."¹ This is disheartening because these programs typically are services for "low income shut-ins to receive personal care like cooking, cleaning, and basic health services..."¹ By eliminating such services, many of these individuals will be forced to find other living arrangements, most likely in nursing homes. However, as one might expect, the outcomes of surveys of living location preferences indicate that many of these individuals would strongly prefer to stay in their own homes and not surrender their independence.

In a testimony given to the Pennsylvania Department of Aging in March 2008, Jerry Davidoff, O.D., the vice chair of the AOA Low Vision Rehabilitation Section, pointed out that by the state's own admission, "the Commonwealth can serve 2 older Pennsylvanians for the cost of serving 1 in a nursing facility." This would suggest that from a purely economic standpoint, it would be more prudent to support any means possible to maintain an elderly person (or, in the big scheme of things, any person) at home, especially in Pennsylvania, where the demographic data on aging indicate that "1 in 4 Pennsylvanians will be 60 years of age or older by the year 2020," which is virtually around the corner. So where does

optometry fit in this scenario? Our profession can, in fact, have a positive impact vis-à-vis both the economic savings to the government of maintaining independent living arrangements as well as the quality of life for those who will be able to remain in their own environments.

There are many reasons why elderly Americans may need assistance in the home to remain independent. Chronic illnesses and age-related limitations in strength and mobility can render older citizens homebound and in need of assistance. Able-bodied individuals who have visual impairments may also find themselves in need of in-home assistance, especially for activities of daily living. But this does not just affect the elderly. For example, despite the title of the article in the *Wall Street Journal* focusing attention on services for the elderly, mention was made of a 35-year-old man who was "born blind" and had been receiving subsidized housekeeping services twice a week, and who must now pay for the services, despite his (in)ability to afford them.

Optometrists, as well as all other eye and health care providers, recognize the growing number of people with visual impairments, often from age-related causes. There are 2 approaches by which eye care providers can attempt to combat the problems created by visual impairment in the elderly (or anyone for that matter): the first is through prevention or, at the very least, detection of eye disease in its inchoate stage, the second through rehabilitation.

A recent article suggested that "blindness and visual impairment for most eye diseases can be reduced with early detection and treatment."² The article further points out that, sadly,



Paul B. Freeman, O.D.

utilization rates for eye evaluations for those *without* health insurance (comparing those with severe, some, and no visual impairment) was less than those *with* coverage, a finding that was not completely surprising. It is important to note, in this economic climate and with discussions of health care expansion on the front burner, this fact has important new significance. However, that is only part of the story. The rest involves educating the public of the need for consistent eye and vision health care evaluations (preventive as well as remedial), and the need for third-party payers to acknowledge the importance of periodic preventive eye evaluations and coverage for those services, something that is infrequently offered to even those who are insured. Nonetheless, even if everyone were to receive appropriate eye care, a percentage of the population would still be susceptible to ophthalmic diseases that could lead to disabling visual impairments.

Fortunately, optometrists can offer assistance for activities of daily living through vision rehabilitation and management, care that can lead to a minimization of the disabling effects of those visual impairments and, by so doing, restore some aspects of independence, quality of life, and empowerment. And what should never be forgotten is the effect *that* could have as well on the millions of caregivers whose lives are impacted by the disabling visual conditions of their family members and whose quality of life can be improved by making that person with a visual impairment just a little bit more independent. For example, general activities of daily living, like self-care, cooking and cleaning, and going for a walk can be less exhausting for both the visually im-

paired person and the caregiver, given the right visual supportive treatment. The big question then is, can those who are in need of vision rehabilitative services access them?

Dr. Davidoff, in his presentation, reported that in 2005 “the total visually impaired and blind in the Commonwealth was 392,994.” I suspect that there are a number of these visually impaired individuals who are not being given the option to take advantage of the opportunity for improved sight in Pennsylvania, and I am quite sure this is a problem that is not limited to my state borders. Referral for optometric vision rehabilitation should be automatic when a patient suffers a vision loss that causes impairment with the potential for a disability. Optometrists can and should

stand at the forefront to ensure that patients have access to these critical services that we know can allow for continued independence despite vision loss and, by so doing, will help to decrease (to some extent) the economic burden on the government. Next month I will continue the discussion with thoughts about the “Elusive Low Vision Patient.”

References

1. Shiskin P. States cut services for elderly, disabled. *Wall Street Journal* November 20, 2008:D1.
2. Lee DJ, Lam BL, Arora S, et al. Reported eye care utilization and health insurance status among U.S. adults. *Arch Ophthalmol* 2009; 127(3):303-37.