**DRAFT**

**FORUM FOR THE ADVANCEMENT OF THE FIELD OF**

**BLINDNESS AND VISION IMPAIRMENT PROFESSIONALS**

**SPRINGBOARD FOR DISCUSSION**

In the fall of 2014, the senior executives of VisionServe Alliance, ACVREP and AER recognized the need for an ongoing, regular and open dialogue about issues facing the professionals who serve those who are blind/visually impaired. The organizations committed to weekly meetings, that continue today, to work on topics to strengthen the professional field. The participation in the weekly calls has grown from there to include other organizations and individuals.

The first report that this group reviewed was the Salus Report in which VRTs identified key issues challenging their field. It was a consensus among those on the weekly calls that many of these issues impact the other vision specialties as well. In order to articulate these common challenges to the broader field to gain input and build consensus, the group developed the paper that follows as a springboard for discussion and feedback from the field at large to guide future endeavors.

**Vision** – That all people who are blind and visually impaired meet their personal goals for meaningful living.

**Mission** – To strategize a national dialogue to assure that all people who are blind and visually impaired (and their crucial partners) in the US are served by educational and rehabilitation programs and professionals who provide specialized services that lead to independence, quality of life, adjustment to visual impairment, and full integration into family, community, education, vocational and avocational life.

**Position Paper**

The professional field of vision rehabilitation and education is experiencing challenges:

* Several college and university programs that once graduated a robust workforce have closed. The changing demographic of people with visual impairment has resulted in an aging population who require knowledge in areas that are not traditionally included in personnel preparatory programs, e.g., staying abreast of technology, gerontology and co-morbidities of aging, evaluation and outcome measurement, understanding and contributing to medical plans of care, medical coding and documentation, among others
* The population of people with visual impairment is growing.  According to the U.S. Census Bureau, there are more than 77 million boomers in the U.S. and by 2030, this demographic (born between 1946 and 1964) will represent an estimated 20% of the population. This means more than **10,000** baby boomers will turn 65 every day for the next **19** years resulting in a substantial increase in the number of people needing vision impairment services

Children: <http://www.census.gov/prod/2011pubs/acsbr10-12.pdf>

Adults: <https://www.nei.nih.gov/eyedata/vision_impaired#5>

* The entrance of eye care specialists into the Medicare reimbursement arena has led to partnerships with reimbursable professionals, many of whom are not specialists in blind and vision rehabilitation.
* The recent Medicare Demonstration Project failed to yield a way forward for reimbursement of traditional blindness and vision rehabilitation professionals.

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/downloads/Leutz_LowVisionBeneReport_2010.pdf>

* There is not a national agreement as to best practices or governmental advocacy.
* There is a need for :
	+ advocacy for blindness and vision education and rehabilitation professionals,
	+ championing of research leading to an evidence base for practices,
	+ promulgation of best practices; and
	+ bolstering of evaluations and programmatic outcomes strategies with national data roll up and norms.

**What should we do as a field? We make the following recommendations:**

1. Colleges, universities, certification bodies, and employers working in the field of blindness and low vision embrace a unifying identity and branding through the use of a single blind/vision specialist professional name with sub-specialty designations following that name. This will facilitate the creation of a “taxonomy” to describe what we do for submission to Department of Labor to incorporate the basic profession of “Vision Impairment Specialist” and its sub-specialties into list of occupations. The recognition by the Department of Labor of “Vision Impairment Specialist” and its sub-specialties as a profession and the use of the common nomenclature will facilitate the development of university programs and the attraction of students to our recognized professional field.

We suggest as the unifying identity with subspecialties:

Vision Impairment Specialist/O&M (Orientation and Mobility)

Vision Impairment Specialist /LVT (Low Vision Therapist)

Vision Impairment Specialist /RT (Rehabilitation Therapy)

 Vision Impairment Specialist /AT (Assistive Technology)

1. Key organizations, individual professionals and consumer groups work in tandem to re-apply for third-party reimbursement when appropriate champions for the effort have emerged in the field of blind and vision rehabilitation and in Congress, with support from key national organizations and professions such as ophthalmology and optometry.
2. Colleges and universities consider promulgating a continual curricula update for courses of study to include:
	1. Merging three existing personnel preparation courses of study into one basic curriculum common to all disciplines titled “Blindness and Visual Impairment Specialist”. Adding further study for specialization (as is done in occupational therapy, physical therapy, nursing, etc.) in orientation & mobility, gerontology, technology, vision rehabilitation, or low vision therapy.
	2. Understanding and teaching the tenets of medical rehabilitation, practice and terminology, documentation and billing for medical rehabilitation, and pre/post outcomes measurement.
	3. Continual support and promulgating evidence-based practices for rehabilitation of working age and older adults.
3. Organizations and agencies work together to develop a national proposal for all people with blindness and visual impairment – with emphasis on increasing advocacy and core practices for adults, especially older adults.
4. AFB is well positioned to lead in identifying and promoting a national research agenda and influencing agencies that fund research to focus on evidence bases for practice, functional outcomes, the development of technologies, small business innovation, low vision, etc.
5. Employers, including nonprofits, state and national governmental agencies, promote a minimum data set (MDS) for national roll out. All providers of educational and rehabilitation services are under increasing pressure to demonstrate that the services they provide result in improved functional abilities and an enhanced quality of life for the people they serve. Yet, in spite of these growing expectations, there has been relatively little progress towards establishing a minimum data set that can be used by clinicians, rehabilitation professionals and administrators in the blind and vision rehabilitation field to date. The primary purpose for collecting a minimum data set, among other things, is to measure functional outcomes of people who receive blind and vision education and rehabilitation. These functional outcomes establish an evidence base to inform practice and maximize the efficiency and effectiveness of the services provided to visually impaired individuals. The development of an instrument(s) that meets the specified measurement standards and demonstrates clinical relevance is an essential and critical step towards establishing this evidence-based system for the field of low-vision and blind rehabilitation.

Information on MDS:

<http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/index.html>

Info on MDS for long-term care facilities:

<http://en.wikipedia.org/wiki/Minimum_Data_Set>

Some work has been done on developing a MDS for blindness in independent living program:

<http://eric.ed.gov/?id=EJ849494>

This study found the MDS LTC vision-related questions not as discriminating as desirable:

“The MDS 2.0 assessment for vision in nursing home residents is positively associated with visual acuity and contrast sensitivity, but does not adequately distinguish between individuals with mild versus moderate visual impairment and classifies many as having adequate vision who have visual impairment. The validity of the MDS 2.0 as a mechanism for triggering comprehensive eye care for nursing home residents is questionable.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671150/>

1. College and University professors/instructors, certified vision rehabilitation professionals, doctoral candidates, and more - publish, publish, publish in journals that are outside as well as inside the smaller sphere of blind and vision education and rehabilitation, and that support robust evidence bases for practice.

Forum Participants Have Included:

* ACVREP, represented by Elly du Pre’, Kathy Zeider, and Gale Watson
* AER, represented by Lou Tutt
* AFB, represented by Mark Richert
* Salus University, represented by Fabiana Perla, Kerry Lueders, Audrey Smith and Lachelle Smith
* VisionServe Alliance, represented by Roxann Mayros

NOTE: Participation in this Forum does not necessarily indicate agreement with any/all of the assertions or recommendations of this document.