



January 11, 2016

Bruce Siegel, MD, MPH
Chairman, Board of Directors
National Quality Forum
1030 15th Street, Suite 800
Washington, DC 20005

RE: eMeasure #2721: Screening for Reduced Visual Acuity and Referral in Children

Dear Dr Siegel,

On behalf of the American Academy of Pediatrics (AAP), the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), the American Academy of Ophthalmology (AAO), and the American Association of Certified Orthoptists (AACO), we are writing in support of the National Quality Forum's EENT Standing Committee decision to approve eMeasure #2721 (Screening for Reduced Visual Acuity and Referral in Children) for trial use.

We have reviewed the December 7, 2015, letter you received from the American Optometric Association (AOA), appealing the recommendation to endorse eMeasure #2721. While the letter from AOA raises concerns about the complexity and limitations of screening in general, we believe there is a distinction between comprehensive eye examinations and our organizations' shared goal of employing visual acuity critical line testing as a screening mechanism to improve the visual health of America's children. We strongly urge NQF to move forward with endorsing this measure, which will promote vision screening in the pediatric medical home.

The AAP represents 64,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical sub-specialists dedicated to the health and well-being of children. AAPOS has a membership of over 900 actively practicing pediatric ophthalmologists in the United States dedicated to promoting the highest quality eye care for children. The AAO has 32,000 members, representing more than 90% of practicing ophthalmologists in the United States with a mission of ensuring that the public obtains the best possible eye care. AACO is the professional association for orthoptists in the US with a membership of 327 practicing professionals, representing nearly 80% of the field, and its mission is to improve the care of children with disorders of the visual system with emphasis on binocular vision and ocular motility. Our organizations have a long history of partnering to develop policies that promote the best eye care for our pediatric patients.

Pediatricians and ophthalmologists are medical doctors dedicated to child health. We recognize the challenges and complexity of screening for all disorders that affect the well-being of children, including those affecting the developing visual system. The AAP, AAPOS, AAO, and AACO recently published a vision screening [Policy Statement](#) and accompanying detailed [Clinical Report](#) addressing best recommended practices in screening children for serious vision problems. Among those recommendations is critical line visual acuity testing for children and screening medical evaluation of the eyes by the primary care physician in the medical home at regular intervals throughout childhood. Critical line visual acuity testing is widely acknowledged as

a definitive test for eyesight because it requires all aspects of the visual system, retina, optic nerve, and brain visual pathways to be functional in order to achieve a passing acuity.

As one component of a continuum of comprehensive vision care, HRSA's Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, the U.S. Preventive Service Task Force (USPSTF), and Healthy People 2020 Objectives for the nation recommend that all children be *screened* for detectable vision problems between the ages of 3 and 5 years. The AAP, AAPOS, AAO, AACO and the vast majority of international public health experts support the concept of screening in the medical home, rather than fragmenting care.

The goal of pediatric vision screening is to improve the detection of treatable vision disorders. All screening is a compromise between cost, sensitivity and specificity. We believe electronic data standards for documentation of the performance of critical line visual acuity testing in the medical home provides a simple positive step forward for America's children. Critical line vision testing is a constructive initial starting point upon which future generations of measures and standards can evolve to further refine the challenging process of identifying children in a practical manner with treatable visual problems.

We request NQF move forward with retention of this very positive measure for the health and welfare of America's children. We look forward to continuing to support this vital work with the members of the National Quality Forum.

Thank you for your consideration of this important matter.

Sincerely,



Benard P. Dreyer, MD, FAAP
President, American Academy of Pediatrics



M. Edward Wilson, MD
President, American Association for Pediatric
Ophthalmology and Strabismus



William L. Rich III, MD, FACS
President, American Academy of
Ophthalmology



Laurie Hahn-Parrott, CO, COT, MBA
President, American Association of Certified
Orthoptists