AMERICAN OPTOMETRIC ASSOCIATION
1505 PRINCE ST., STE. 300, ALEXANDRIA, VA 22314 | 800.365.2219

December 7, 2015

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

Dear Dr. Siegel,

The American Optometric Association (AOA) represents approximately 33,000 doctors of optometry and optometry students. Doctors of optometry serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide more than two-thirds of all primary eye and vision health care in the United States. The AOA is a member of the National Quality Forum (NQF) and has been very active in providing input to the NQF's Eye, Ear, Nose and Throat Standing Committee regarding the measures under consideration.

The AOA is very concerned with the actions taken regarding the "Screening for Reduced Visual Acuity and Referral in Children" quality measure and is requesting an appeal of the Board's decision to move forward with initial endorsement and approval of this measure for trial use. This quality measure directly and materially affects one of the most important interests of our members, providing high quality eye care to children. Advocating for a measure that will fail to identify all children in need of eye care will certainly impede their social and academic growth.

When the reduced visual acuity measure was discussed by the EENT committee, the committee had a hearty discussion and identified many flaws and limitations. This measure is questionable in its effectiveness for many reasons, both clinical and practical. For example, there is no universal screening mechanism, there is no screening methodology that is sensitive and specific enough for the task, the qualifications of screeners vary from site to site, and—most importantly—the measure will do nothing to improve quality. Children who are identified by screening as having a potential vision problem usually do not receive an all-important eye examination to diagnose the problem and begin treatment.

The AOA is very concerned that the measure will fail to successfully identify children with vision impairments in need of care. So-called vision screening methodologies fail to identify as much as 73 percent of children with vision issues in need of correction. The only preventive service that adequately identifies vision issues and leads directly to care is an eye examination by an optometrist or ophthalmologist. The National Eye Institute (NEI) and the Centers for Disease Control and Prevention (CDC) both report that the **only** way to be assured of healthy eyes and vision is through a comprehensive eye examination. Screenings do not give any such assurance but can certainly mislead children and their parents into believing care has been rendered when it has not.

The AOA emphasizes this point: Children who fail the proposed screening need an eye examination to determine whether and how to address their vision needs, and children who pass the proposed screening also need an eye examination because screening misses most vision problems that need treatment. Therefore, there is no value to screening children in lieu of an eye examination. The screening measure even fails to track whether screened children receive an eye examination with follow-up care and treatment if necessary. Because screenings are misunderstood by parents to be more diagnostic than they are, screenings actually become a barrier to care instead of promoting access to care.

With regard to the measure title itself, it must be noted that visual acuity is not a "condition." Everyone, with the exception of those with no light perception, has "visual acuity" that can be described in a recognizable and accepted term. As such, "Visual Acuity Screening" would not be acceptable public health terminology for a quality measure. "Screening" has a strict public health definition related to finding "conditions" early so that actions can be taken to address the condition or to minimize the risk of progression. One could screen for "Vision Impairment" (e.g., visual acuity of 20/40 or less in the better eye) and use vision acuity testing methods as the testing methodology. However, most eye conditions are better treated before vision impairment occurs. With the exception for the disputed screening measure for amblyopia between ages 3 to 5, which received a grade B,[1] no form of vision screening is recommended at any age by the U.S. Preventive Services Task Force. Thus, the measure title itself requires additional attention for accuracy and relevance.

The AOA believes this measure must be reworked significantly before it is ready to be used even on a limited trial basis and requests that the NQF Board rescind the decision regarding this quality measure.

Thank you for your consideration. If you have additional questions, please contact Jensen N. Jose at jjose@aoa.org.

Sincerely,

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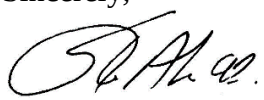

Steven A. Loomis, O.D.
AOA President

[1] U.S. Preventive Services Task Force. "*Visual Impairment in Children Ages 1-5: Screening*." Last accessed November 24, 2015. http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/visual-impairment-in-children-ages-1-5-screening.