

# GUEST EDITORIAL

## A PERFECT WORLD

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**A**t the recent annual meeting of the American Academy of Optometry, held in Tampa, FL, I attended a symposium entitled *Why Mandatory Eye Examinations for Children?* The symposium was jointly sponsored by the Public Health and Environmental Optometry, and the Binocular Vision, Perception, and Pediatric Optometry sections of the Academy. The symposium was well attended; it reinforced my opinion that this is not only a topic of great importance, but one that needs input from, and discussions among, optometrists and ophthalmologists, public health professionals and researchers. Representatives from all of these constituencies were on the panel and in attendance.

Dr. Satya Verma, as moderator, opened the symposium by reminding us of what is of paramount importance—the children. Faced with the enormous need for the provision of eye care to America's children, he implored us to improve and enhance our resources rather than minimize the need. Dr. Sandra Block reinforced this concept by reviewing the epidemiology of vision problems in children. Vision disorders are the fourth most common disability in the United States and the most prevalent handicapping condition in childhood.<sup>1</sup>

Dr. Paulette Schmidt reported on the results of Phase I of the Vision in Preschoolers (VIP) Study. This landmark study is funded by the National Eye Institute (NEI) and has brought together

optometrists, ophthalmologists and others to determine the most effective methods to screen preschoolers for amblyopia, strabismus, significant refractive error and unexplained reduced visual acuity. In Phase I of the study, licensed eye care practitioners conducted several vision screening tests in a “controlled environment.” Phase II of the study will evaluate the delivery of vision screenings by pediatric nurses and lay people in a more “real world environment.” In the best case scenario (phase I), vision screenings identified only 64% of the children with any of the targeted vision problems and 90% of the children with “conditions considered very important to detect and treat early.”<sup>2</sup> In addition to evaluating these numbers from an epidemiological perspective, I also considered this from the framework established by Dr. Verma. The implication is that despite the best vision screening program money can buy, 1/3 of America's children are entering school with undetected vision problems. Are we really putting the children first by promoting vision screenings instead of mandatory eye exams?

Dr. Steven Lichtenstein, a pediatric ophthalmologist practicing in Louisville, Kentucky, presented an economic model to support vision screenings instead of mandatory eye examinations. According to data presented by Abt Associates,<sup>3</sup> vision screening programs and universal eye exams are both cost effective methods of producing improvements in health

outcomes, but vision screenings are less costly. Dr. Lichtenstein argued that the money saved by foregoing mandatory vision exams in favor of vision screenings “could be used to subsidize healthcare for the uninsured or underinsured children”<sup>4</sup> with diagnosed problems requiring treatment. Dr. Lichtenstein's presentation forced me to consider the harsh reality of our present day health care system and the need to allocate resources. Certainly those dollars could be spent providing treatment to those children who receive comprehensive eye examinations after failing a vision screening and are then diagnosed with vision problems. But what about the children who are never diagnosed even after failing a vision screening because they never receive a comprehensive eye examination? Even Dr. Lichtenstein acknowledged that “in a perfect world,” all children would have mandatory eye examinations.

It was Dr. Bruce Moore's presentation that best illustrated the difficulties and frustrations confronted when seeking perfection in the face of reality. Massachusetts had a vision screening requirement that was ineffective at identifying school-aged children with vision problems. Everyone involved in the legislative process agreed that the existing law had to change. However, the distribution of eye care professionals in the state was viewed as problematic. The concern was that mandatory eye exams

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