

SHOOTING *The Messenger*

A recent issue of the American Optometric Association (AOA) News carried the 1998 report on the state of the profession.¹ The report is based on responses to surveys sent to optometrists and consumers by the AOA. Some of the data confirmed what many have been saying and observing; for example, while median gross income rose some 14% from 1994 to 1996, during the same period median net income rose 6.25%. If one factors in inflation, this confirms the statement... "I'm working harder, and either standing still, or taking home less money." And this complaint, which is undoubtedly a consequence of the administrative and fiscal demands of managed care, is not confined to optometry. Nevertheless, the necessity of being part of the system is demonstrated in that more than 80% of the responding optometrists are providers in at least one managed care plan. Another thing that is confirmed for some is the perception that... "most people at optometric meetings look younger than me," since the median age of practicing optometrists is now under 40. The belief that self-employed optometrists in group practice do best financially was also validated.

The article further reported on "specialized services." It tracked, in the two-year intervals that the survey is taken, the percentage of the optometric sample engaged in four of these services. In the span from 1987 to 1997, those engaged in Low Vision declined from 49.2 % to

46.3%; in Sports Vision, from 38.0% to 37.5%, while from 1989 to 1997, the percentage providing contact lens services rose slightly, from 96.7 to 97.5. Thus, over a 10-year period, the percentage of optometrists providing these services virtually remained constant. However, during this same time span, the percentage providing Vision Therapy (VT) declined substantially from 49.9% to 35.2%. This too confirms what many have been saying and observing.

It's easy to speculate on why this has occurred. One reason frequently proposed is that there has been a change in the didactic and clinical optometric curricula such that VT has been seriously de-emphasized. This change is necessitated by the expansion in the scope of practice in the diagnosis and treatment of ocular disease. While there is some validity in this explanation, it doesn't totally account for the situation; the time devoted to the other specialty areas has also been reduced, yet they were not as dramatically effected. Perhaps a more compelling explanation lies with the nature of the clinical faculty at the schools and colleges of optometry. Over the past decade there has been an increasing trend toward requiring residency training in order to attain clinical faculty status. While there are excellent residencies in VT/Pediatrics, they are outnumbered by programs much more oriented toward the diagnosis and treatment of ocular disease. Further, while VT/Pediatrics residency trained optometrists are

most often exclusively assigned to those areas of clinical teaching, the other residency trained individuals are far more prevalent in the institutions' primary care clinics. I propose that it is in these primary care venues where the bulk of clinical philosophy and values are taught. And for many, the year of intensive residency training centered on the advanced diagnosis and treatment of uveitis, glaucoma and other such conditions results in an attitude where the diagnosis and treatment of convergence, accommodative and perceptual dysfunctions take on far less importance.

However, the influence of managed care cannot be discounted. Indeed, it is probably the penultimate reason for the decline in the number of optometrists providing VT. As with other areas of health care, coverage of this service is

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either excluded, or if included, severely restricted. In a previous issue of this Journal, strategies were proposed for those wishing to seriously conduct VT.^{2,3} Essentially both writers had found success by avoiding enrollment in managed care plans. While this has worked for them, it is apparently not feasible for many others who wish to offer VT to their patients but cannot afford to totally shun managed care.

Whatever the reasons, what does this decline mean to the profession? Undoubtedly it is an ominous sign. In the zeal to necessarily expand the scope of practice, we are in danger of relinquishing an area of care that has historically been an integral and vital part of optometry. That it is an important service is evidenced by the fact that others are beginning to provide VT. Occupation therapy (OT), another learned health care profession, has long recognized the importance of the diagnosis and management of functional visual disorders and has made sincere and concrete efforts to ally with optometry in this regard. However, as the number of optometrists providing these services diminishes, a vacuum exists, and there is evidence that OT is beginning to fill it.⁴ While some view this as an overly aggressive action by OT, another interpretation can be that it is a response to an insufficient number of optometrists nationwide who are willing and able to provide VT.⁵

This is not to say that we should ignore the incursion into and the potential

abdication of an area of care that is rightfully ours. Thankfully, constructive efforts are being made on a legislative level in this regard by the College of Optometrists in Visual Development (COVD).⁴ But, should not the AOA be more visible in this effort? At some point the profession must realize that this issue transcends the special VT interest groups, and should be of national optometric concern.

In any case, to blame OT for the current situation is disregarding the reality that, for the past decade, optometry and individual optometrists have increasingly downplayed VT as an important and valued part of visual care. It has become perhaps the first pawn to be sacrificed to the demands of managed care. Consequently, the blame lies with our own willingness to make this sacrifice in practices, in optometric education and at the highest organizational level. And we alone must take the responsibility for the decreasing number of practitioners who provide this service, which is the real issue. To blame others is to shoot the messenger.

References

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