

**VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS
FOR PRESCRIPTION OF CLOSED CIRCUIT TELEVISIONS
(CCTVS) AND OTHER ELECTRONIC OPTICAL ENHANCEMENT
DEVICES (EOED)**

I. PURPOSE

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

II. BACKGROUND

VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected clinicians, blind rehabilitation specialists and consumer representatives from the Blinded Veterans Association (BVA) convened to recommend clinical practice recommendations regarding issuance criteria of CCTVs and other EOEDs.

CCTV devices have been available to visually impaired users since the 1970s. At one time these devices were considered to be experimental and were thought best used by someone with an educational or vocational need. Over the years the CCTV has become a commonly used device for all manner of daily living tasks, including spot checking, reading (mail, books, magazines, newspaper articles), writing, viewing photographs, medication management, hobbies, etc. This has led the CCTV to become one of the most commonly issued devices by the VA to blinded veterans. As such, the CCTV has become the centerpiece of a class of low vision devices that assists many blinded veterans to maintain their independence and dignity. The EOEDs are generally advanced forms of CCTVs that rely on new technological advances in optical devices.

III. MEDICAL CRITERIA

The following criteria must be met for veterans to be evaluated and trained on a CCTV or other EOED:

- A. Determined by an eye care professional (optometrist or ophthalmologist) to be legally blind or have significant visual impairment that may benefit from magnification devices. For purposes of this Clinical Practice Recommendation, “significant” visual impairment is defined in the American Academy of Ophthalmology, Preferred Practice Patterns: Vision Rehabilitation for Adults and Optometric Clinical Practice Guideline, Care of the Patient with Low Vision, American Optometric Association, June 11, 1997. The vision should be stable or not require any immediate invasive medical treatment.
- B. Completed a comprehensive low vision examination by an eye care professional that meets nationally published standards of care. The low vision examination will evaluate the veteran’s ability to benefit from the full range of low vision devices and equipment (pocket/hand-held magnifiers, telescopic devices, glare control devices, microscopes, CCTVs and EOEDs).
- C. Had a stated goal(s) that required the use of a magnification device.
- D. Expressed an interest in using a CCTV or EOED device to accomplish the goal(s).
- E. Demonstrated the ability to independently and safely use the device to effectively meet the stated goal(s).
- F. Prior to prescribing a CCTV/EOED, the veteran should evaluate all possible devices to accomplish the stated goal(s), including conventional optical devices, CCTVs and non-optical devices.
- G. The CCTV/EOED must prove to be the most efficient and effective means of utilizing the veteran’s remaining vision to accomplish the stated goal(s).

IV. CLINICAL PRACTICE RECOMMENDATIONS FOR EVALUATION/TRAINING

- A. The CCTV/EOED may be prescribed through an outpatient or inpatient program, i.e., VICTORS, VIST, BROS, VA low vision clinic, BRC, VISOR, or contracted non-VA agency. In either setting, the following criteria must be in place to provide VA issuance of CCTVs/EOEDs. The outpatient or inpatient program must have:
1. A clearly defined low vision evaluation program, including a policy and procedure manual that outlines procedures for evaluation and training on a CCTV or EOED device and training performance goals.
 2. Provided low vision examinations that meet nationally published standards of care.
 3. Documented evidence of an ongoing program of quality assurance in order to maintain the highest level of care.
 4. Appropriate documentation in the medical record that clearly identifies the training provided and the veteran's ability to achieve the stated goal(s).
- B. The CCTV/EOED should be evaluated in conjunction with other more conventional magnification devices that may also achieve the stated goal(s). The eye care professional and low vision instructor should include consideration of ergonomics, comfort, health status, and patient preferences in addition to performance level in determination of efficiency and effectiveness.
- C. When the veteran presents with vocational, educational, and/or avocational goals requiring portability that cannot be adequately accomplished with a conventional CCTV, then the appropriate EOED alternative may be evaluated. These alternatives include, but are not limited to, portable flat screens with hand-held cameras and head-mounted screen displays with cameras.
- D. When the veteran's goals necessitate other intermediate vision related tasks, issuance of more than one type of CCTV/EOED may be justified.
- E. When the primary goal of the veteran involves volume reading or other visual tasks that cannot be adequately accomplished by using

conventional low vision devices or the CCTV, the optical character reader and/or other emergent technologies may be evaluated.

F. Veterans with a demonstrated need for a CCTV/EOED and an optical character reader may be issued both types of devices.

G. Each program prescribing CCTVs/EOED must have an appeal process in place. A veteran denied a CCTV/EOED device may appeal the decision to VACO-Prosthetics.

V. REFERENCES

a. American Academy of Ophthalmology, Preferred Practice Patterns: Vision Rehabilitation for Adults.



PPP1.pdf



PPP2.pdf

b. Optometric Clinical Practice Guideline, Care of the Patient with Low Vision, American Optometric Association, June 11, 1997.



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APPROVED/DISAPPROVED:

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Under Secretary for Health

Date: 8/9/02

OUTCOMES

At the conclusion of training, the veteran must be able to demonstrate the ability to independently and safely operate the CCTV or EOED to achieve the stated goal(s). Outcomes for CCTV/EOED may include the following:

1. Ability to identify and effectively utilize the standard and auxiliary controls
2. Ability to appropriately adjust the table and device settings for viewing pictures
3. Ability to appropriately adjust the range of magnification appropriate to task
4. Knowledge of effect of ambient lighting on device performance
5. Ability to utilize the device to follow instructions
6. Ability to clean, care for, maintain and trouble shoot the device
7. Understanding of the potential uses of the device, and when the device will be ineffectual or inappropriate
8. Ability to properly position reading materials and appropriately utilize the "glass" and special techniques to maintain proper focus that enhance reading technique abilities
9. Ability to utilize the device for handwriting and filling out forms
10. Ability to effectively utilize the device for reading different types of materials (newspapers, magazines, telephone book, mail, bills, etc.)
11. Ability to utilize the device for hand skill activities