



# Preschool Vision Screening in Primary Care: A Journey of Improvement

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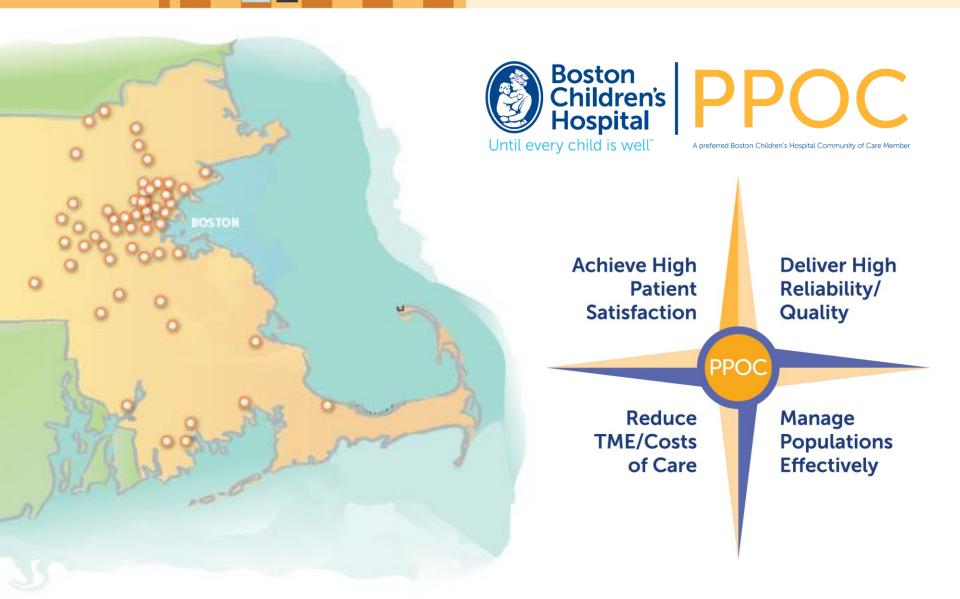
# We're the Pediatric Physicians' Organization at Children's (PPOC)

- More than 300 providers strong, we're devoted exclusively to pediatric primary care, in close collaboration with subspecialists at Boston Children's Hospital
- Our members practice in 90 locations in eastern Massachusetts
- Collectively, we care for more than 400,000 children – more than 1,000,000 office visits annually































#### Recommendations for Preventive Pediatric Health Care

Bright Futures.

greventin and hailti premotion for infacts, children, addescents, and their families\*

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures* Guidelines for Health Supervision of Infants, Children and Adolescents. 3<sup>rd</sup> ed. Elik Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE <sup>1</sup>	Prenatal <sup>*</sup>	Newborn	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	T
MEASUREMENTS																				Ì												
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	T
Head Circumference		•	•	•	•	•	•	•	•	•	•	•						i												1 1		i.
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SENSORY SCREENING																																T
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Hearing		●8	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	*	*	*	*	*	*	*	*	*	*	Ī
LOPMENTAL/BEHAVIORAL ASSESSMENT																				i												
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Autism Screening <sup>10</sup>			i i		İ	İ					•	•						i												1 1		ı
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Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	П
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Critical Congenital Heart Defect Screening 16		•			İ	ĺ																								i i		ı
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Cervical Dysplasia Screening <sup>24</sup>			i		İ	İ					ĺ				İ																	Ī
ORAL HEALTH <sup>25</sup>							*	*	<ul><li>or ★</li></ul>		● or ★	● or ★	● or ★	•			•															Ī
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			IN	NFANCY							EARLY	CHILDHO	OD D			
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Head Circumference		•	•	•	•	•	•	•	•	•	•	•				
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Body Mass Index <sup>5</sup>												•	•	•	•	•
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SENSORY SCREENING	_															
Vision		*	*	*	*	*	*	*	*	*	*	*	*	●7	•	•
Hearing		●8	*	*	*	*	*	*	*	*	*	*	*	*	•	•













#### Health Services Research

© Health Research and Educational Trust DOI: 10.1111/j.1475-6773.2012.01391.x RESEARCH BRIEFS

# Ambulatory Subspecialty Visits in a Large Pediatric Primary Care Network

Louis Vernacchio, Jennifer M. Muto, Gregory Young, and Wanessa Risko





Table 1: Number and Rate of Ambulatory Visits According to Subspecialty

Subspecialty	Number of Visits	Visit Rate per 1,000 Subject-Years
All subspecialties	24,291	1,011
Ophthalmology/Optometry	5,486	228
Orthopedic Surgery	4,009	167
Dermatology	3,412	142
Otorhinolaryngology	1,847	77
Allergy/Immunology	1,569	65

# **42**% had a completely normal vision assessment





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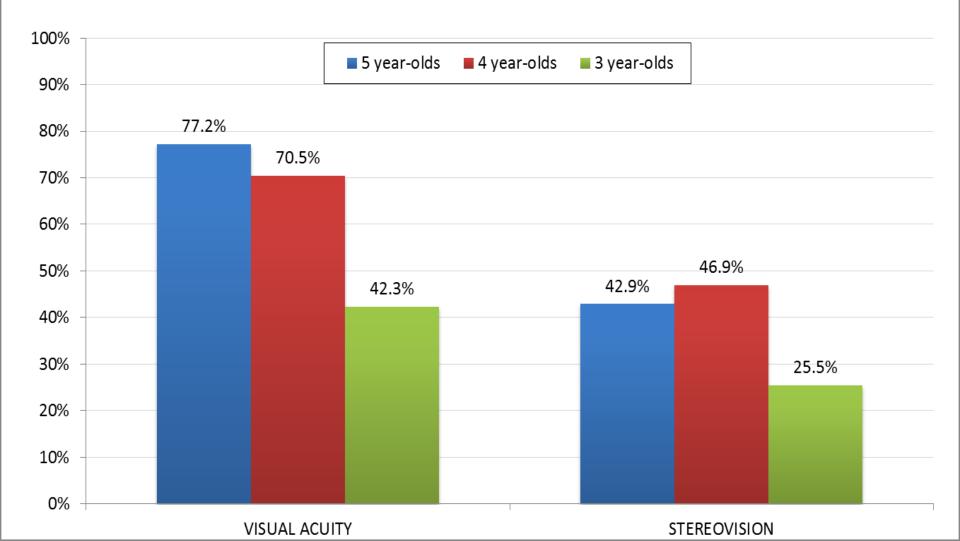








#### **Successfully Completed Vision Screening at Routine Checkup Visits**













Our Vision Is Vision®

# **Children's Vision Screening Basics**

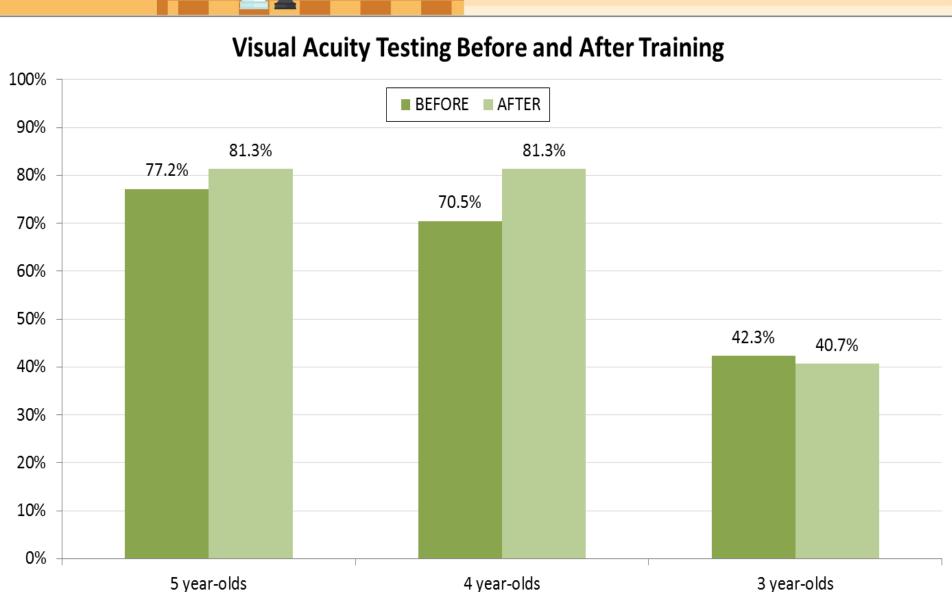


Katherine Majzoub, RN, MBA
Director, Northeast Region
Prevent Blindness















# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

#### Instrument-Based Pediatric Vision Screening Policy Statement

AMERICAN ACADEMY OF PEDIATRICS Section on Ophthalmology and, Committee on Practice and Ambulatory Medicine, AMERICAN ACADEMY OF OPHTHALMOLOGY, AMERICAN ASSOCIATION FOR PEDIATRIC OPHTHALMOLOGY AND STRABISMUS and AMERICAN ASSOCIATION OF CERTIFIED ORTHOPTISTS

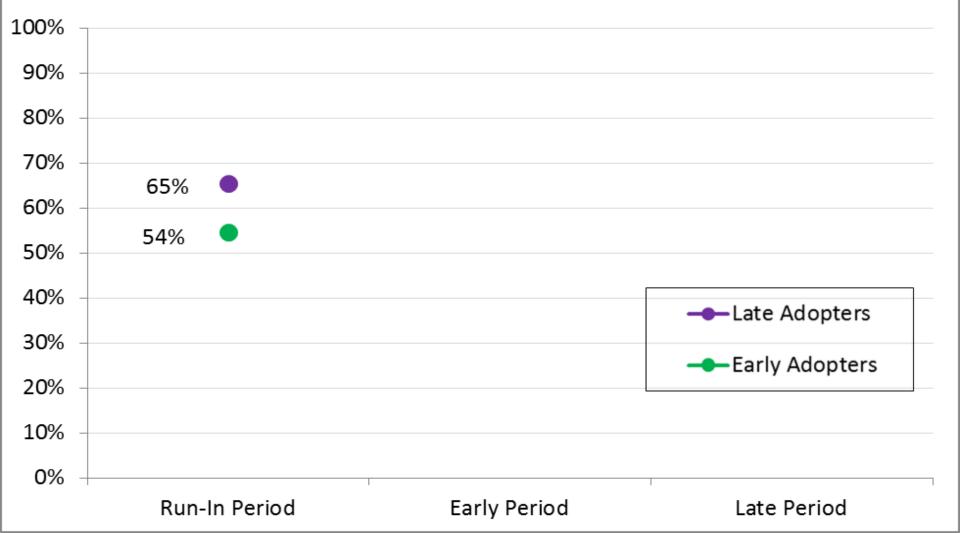
Pediatrics 2012;130;983; originally published online October 29, 2012; DOI: 10.1542/peds.2012-2548







### **Testability, Chart vs. Auto-Refractor**

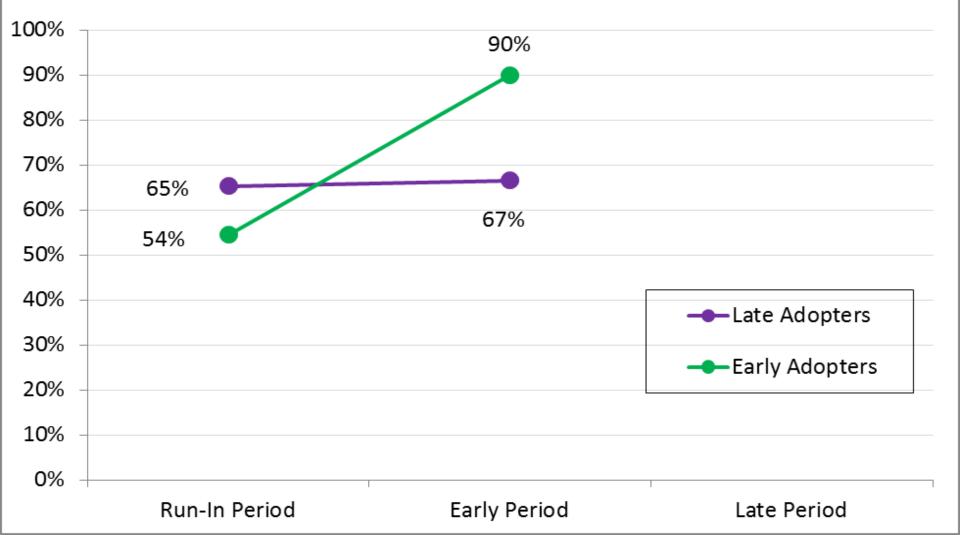








### Testability, Chart vs. Auto-Refractor

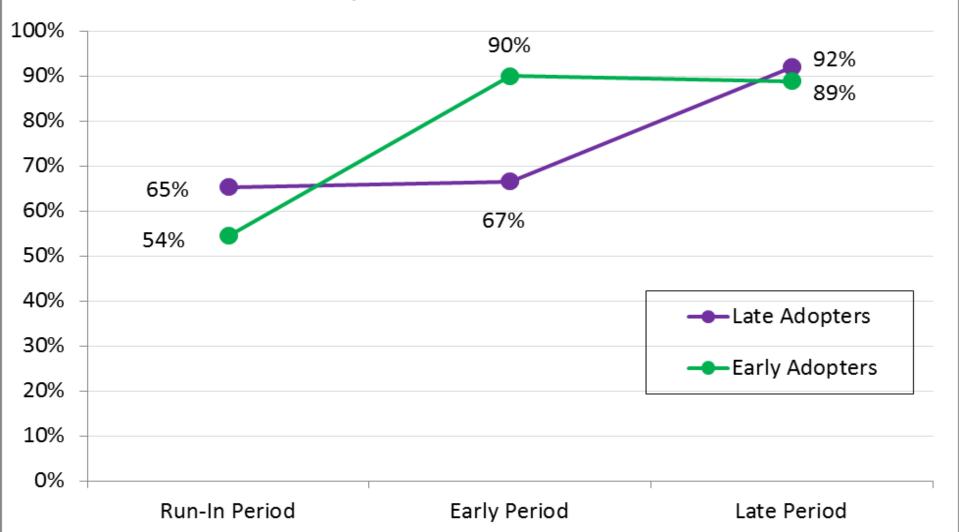








### Testability, Chart vs. Auto-Refractor

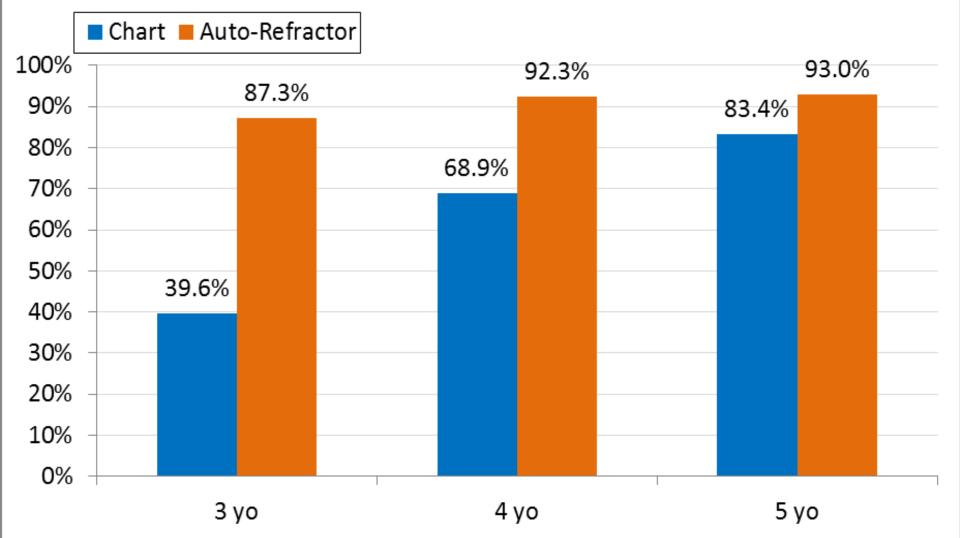








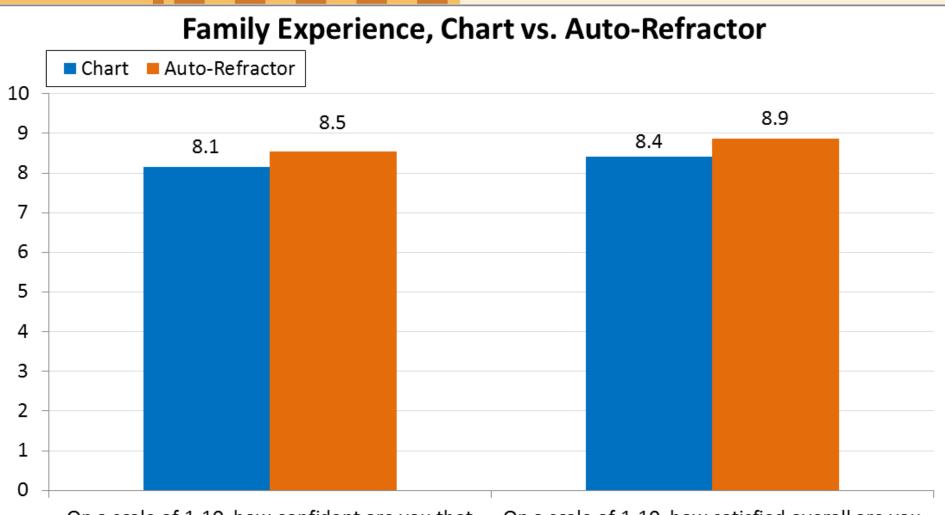
### Testability by Age, Chart vs. Auto-Refractor











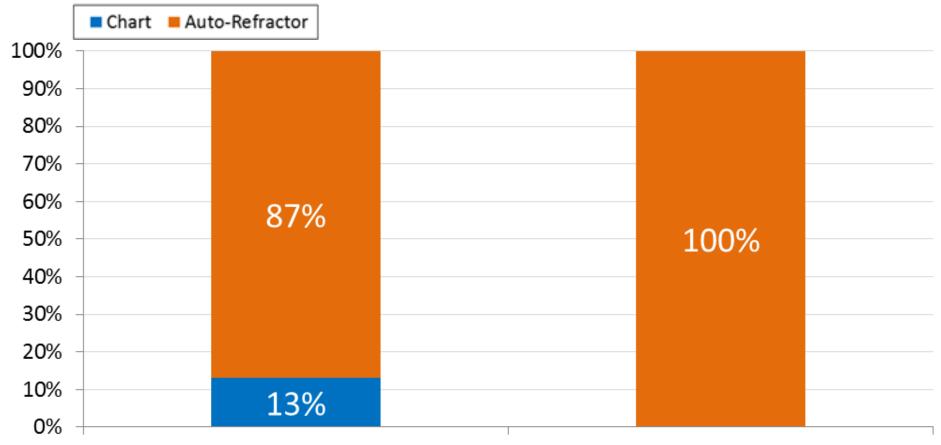
On a scale of 1-10, how confident are you that today's vision screening correctly captured your child's ability to see?

On a scale of 1-10, how satisfied overall are you with the vision screening your child received today?









more accurately determines a child's true vision status?

Which method of screening do you believe Which method of screening is more feasible to implement and maintain quality of in your practice?





# **PP@C**

STEP 3

Lamblyopía?

STEP 2

Assess effects
on referrals
S medical
expense

STEP 1

Disseminate









A special thank you to Glenn Focht, MD, Chief Medical Officer, PPOC; Jean Santangelo, RN, BSN, Director of Quality Improvement, PPOC; Emily K Trudell, MPH, Biostatistician, PPOC; Katherine Majzoub, RN, MBA, Director, Northeast Region, Prevent Blindness; Bruce Moore, OD, New England College of Optometry; and PPOC Board of Directors