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Hadley Presents

Low Vision Devices Delivered Right to Your Door

Presented by Ricky Enger

Ricky Enger: Welcome to Hadley Presents. I'm your host, Ricky Enger, inviting you to sit back, relax, and enjoy a conversation with the experts. In this episode, Hadley's Chief Program Officer Ed Haines and Eschenbach CEO Ken Bradley join us to discuss the Telelowvision Program for trying low vision devices. Welcome to the show, everybody.

Ken Bradley: Good afternoon.

Ed Haines: Yeah, thanks, Ricky. This is going to be interesting.

Ricky Enger: Yeah, I think so. It's great to have you both here. I know that Eschenbach is really sort of a household name when it comes to low vision devices so it's wonderful to have you here, Ken, to discuss not just the devices that you have, but a way that people can try those and figure out what is going to work best for them.

Before we jump into the questions, why don't we just get a little bit of information about each of you? So, Ed, we'll start with you, just a sentence or two for people who don't know you.

Ed Haines: Sure. Thanks, Ricky. My name's Ed Haines and I'm the Chief Program Officer here at Hadley.

Ricky Enger: And probably a familiar voice to those of you who listen to the program on occasion. And Ken, how about you? Tell us a bit about yourself.

Ken Bradley: Well, thanks, Ricky. I'm the president of Eschenbach Optik of America. Eschenbach Optik of America is a member of the Eschenbach group of companies whose biggest business focus in the optical category is manufacturing, magnification solutions, and other devices for people who are visually impaired.

Ricky Enger: That's great. Yeah, and as I said, really, I think a household name. Eschenbach has been around for a bit and always producing really quality devices. So, looking forward to learning more about Telelowvision, which I think is such a needed thing. And the interesting thing is I think you all were doing this even before the pandemic. And just again, looking forward to learning a bit more about what this is, how it works and how people might get involved if they are looking to figure out those devices that are going to work best for them. So, with that, I will turn it over to you, Ed. I know you've got some great questions.

Ed Haines: Great. Thanks, Ricky. Ken, I work for Hadley now, but for a lot of years I worked as an itinerate vision rehabilitation therapist and I've worked in some really rural areas, and I know how hard it is for a lot of folks to access low vision services. It's not just the travel, it's actually a lack of providers. I've worked in places where there just wasn't a low vision provider. Can you give us just an overview of the Tele-Low Vision Program and maybe describe how it's designed to make low vision devices more accessible to people?

Ken Bradley: Well, Ed, thanks for the question. Greatly appreciate it. Yeah, our Telelowvision Program is actually something that was on the drawing board at our company for many years. To Ricky's point, yes, it was before the pandemic, but the pandemic actually really amplified the need for some type of remote solution to assist those people who are visually impaired in availing themselves of low vision rehabilitation services.

Distances are great, lack of providers is certainly there. These are challenges that exist in public health overall and are compounded when someone is disabled for whatever potential sensory disability that they may have, like low vision. Our goal was to create a treatment modality of sorts that an isolated provider with the expertise and knowledge could extend to someone who's visually impaired in another location so that people didn't have to go dormant with regard to their rehabilitation plans during the pandemic, but still have access one way or another.

We looked at what was going on in the overall consumer market and we did see that while the pandemic was horrific on a number of levels, many innovative businesses adapted by extending their service model, their customer service model, in very creative ways. Food delivery never became more popular. Just about anything that you want to purchase can be delivered right to your door now. Any of these types of adaptations, we were really keenly aware of and focusing on saying, "How can we bring that to our little corner of the healthcare market?" And so, we wanted to make it as accessible and easy as possible. The emphasis was on simplicity for both the provider and for the visually impaired patient or consumer.

Ed Haines: For a lot of older adults, particularly who are losing vision later in life, it's not a one-and-done deal. There's a progress and a journey that they go on and they lose vision incrementally. At what point in that process do you think it's appropriate to introduce the Telelowvision Program? And I guess a follow-up question, am I right and assuming this doesn't take the place of an in-person exam by an optometrist or an ophthalmologist for instance.

Ken Bradley: No, actually it really is a system that is designed to be quarterbacked by the captain of the low vision rehab team, whoever that may be. In many cases that might be a doctor of ophthalmology or optometry, it might be a certified low vision therapist, it might be a rehab counselor, whoever the low vision care provider would be for that patient or consumer in an in-person encounter would likely be the individual that coordinates our Telelowvision service for that individual on a remote basis.

And I certainly agree with regard to the challenges that something like this overcomes access and the lack of providers contributing to that. When we envisioned the Telelowvision Program and structured it, we wanted to make sure that it had a lifespan that exceeded the duration of the pandemic. And while we certainly are still in the throes of the pandemic, the Telelowvision model not just serves the population that historically was served through in-person low vision care, but now can be used as patients are returning to practice offices, can be used to treat and care for patients that are homebound and or are too great a distance away from their low vision care provider to avail themselves of an in-person low vision evaluation.

So, the system is really made up of two diagnostic kits of sort. One is purely for testing purposes, and it is sent to the visually impaired individual by the provider. And contained in that kit is an iPad with a HIPAA compliant secure one button connection to the provider via the web. And so, it's very simple to set up. It's very simple to connect and you'll immediately have a face-to-face connection with your low vision care provider.

In that first kit are also a number of tests that are determined by the provider based on their discretion, experience and knowledge of the patient as to what do we really need to know about this patient's condition to help them find a successful solution. And we customize those all the time. It's really just a range of different kinds of test charts and other types of materials that help the two parties work together to really nail down on what the best solution would be.

Ed Haines: That's fantastic. That means I know on your website, it mentions near acuity, distance acuity and contrast tests, but it sounds like there may be other tests as well that you can provide in a kit, like color vision, glare sensitivity, peripheral field, that kind of thing.

Ken Bradley: Absolutely. We are not, let's say rigid in terms of which tests we are willing to include in that eye doctor diagnostic kit. Frankly, that's up to the practitioner. The practitioner enjoys results they get from an MN read test for patients that are still reading, or they like to use that as a metric measure of performance over time. Hey, we'll put that in there. We'll include whatever the provider feels is necessary for them to gather the information they need to make a successful recommendation for their patient or client.

Ed Haines: And then I'm assuming then, based on that initial first part of the program, that testing period, then the provider prescribes some potential solutions, some optical or perhaps other solutions that you include in a second kit, if I have my information correct. So, can that kit include more than optical handheld magnifiers or stand magnifiers? Can it also include things like monoculars or even electronic magnification?

Ken Bradley: Absolutely. The full range. The only challenge we run into comes with, let's just say physical size. So, if a desktop video magnifier or CCTV as some people know it is what the provider feels the patient or client needs, that would actually come in a second or third kit because it takes up all the available space. But we like to recommend that the low vision care provider include in that product kit to be sent to the patient all the devices that they are secure in knowing that their follow-up appointment will cover, and additional devices should the time be available to review them with the patient.

So, yes, that includes handheld magnifiers, stand magnifiers, spectacles, monoculars, binocular systems, absorptive filters. And what we'll actually do as well in many cases, because low vision is an art as much as it is a science, low vision care and knowing that the patient's home environment is different than what typically might be encountered in an exam room or some other kind of therapy room, we'll also bracket the power ranges of the devices recommended.

So, if a low vision care provider thinks their patient needs magnification at a level of about 6X, we'll send devices out in the product kit at 6X, but we'll also include 5X and 7X solutions because our goal is to achieve success. And the more specific we try to be, the more difficult it can be for the patient in the end if they're unsuccessful with a singular option. We do what we call bracketing the solutions so that we can almost be assured that the patient will find success.

Ed Haines: Well, that makes perfect sense because, well, as you know, one certain task, people may find success with one level of magnification, but within yet just another slightly different task, they need a different level of magnification. That can be kind of a big kit. I've lugged kits out of car trunks and into people's homes quite often. So that's a lot to send to people.

Ken Bradley: It's about the size of a large briefcase.

Ed Haines: I know you mentioned the iPad that's HIPAA compliant and does that then stay with the patient after the testing period so that they can again use it as they're being trained with the devices?

Ken Bradley: Well, actually what we try to do to keep it as simple as possible is we try to go with kits that the patient unpacks, repacks, and sends back whole. So, when the patient is done with the eye doctor diagnostic kit, they put the iPad back in the kit along with any of the test charts, et cetera, they close it up, they put the very simple directional lock back on it, leave it outside their front door and they call Eschenbach to have a UPS pickup arranged. And that's all done at our cost. Then on the product kit, we send another iPad within the kit as well for the reconnection, so that it all stays self-contained, and the patient doesn't need to worry about misplacing or losing or anything like that.

Ed Haines: That's great. And once they've had a chance to get their hands on the devices, they've tried them, they've used them, and they've decided which ones they'd to keep. I understand they send the unneeded items back, but then how do they pay for those devices they decide to keep, is that directly to Eschenbach or to the provider?

Ken Bradley: Well, that's actually between the provider and the patient. So, we're providing the service simultaneously to the provider and the patient, but the transaction is between the provider and the patient themselves.

Ed Haines: You folks basically are just sending all this stuff out free and taking it back at no cost to the patient whatsoever. That's wonderful.

Ken Bradley: I have to say that it's been a very successful model so far. We have a number of measures that we've been employing to test the efficacy of the system. And what we actually find is that we have a 70% success rate, meaning that patients are satisfied with one or more low vision devices that they have procured as a function of participating in the Telelowvision Program.

And in addition to that, we find that the average number of visual goals that is addressed by the provider with the patient in a Telelowvision setting exceeds what they're doing in person, which is really very interesting. And I think it has a lot to do with the, not as much time pressure and also the casual environment that the patient is in their own home.

Ed Haines: Yeah, I agree. The home environment, things work so much differently at home than they do in a clinical setting. I've seen lots of homes where people pull out a desk drawer and there's a whole lot of magnifiers in there that they thought they could use when they were at the doctor's office, but when they got home, they weren't necessarily as worthwhile. So that's really interesting.

And you sort of anticipated my really next and final question. Can you share any experiences you've gathered from providers or patients, any quotes, or any things you've heard from them that indicate how they like the program and what do they say they like about it? And then also, conversely, are there any common areas of potential misuse or pitfalls that people should know to avoid?

Ken Bradley: Well, in terms of testimonial value, our customers that have embraced the Telelowvision kit are across the board very happy with it. Now usually our feedback is coming directly from the provider because we don't communicate directly with the consumer or patient frequently, because again, we leave that to the patient provider protocol and privacy.

Nonetheless, by virtue of the fact that we are seeing the success rate of the use of the kit at the levels that we're seeing, clearly the patients are satisfied and successful as well. I think that overall, what we're getting in terms of feedback is surprise. And it's surprise from providers I would say on two levels. The surprise one is how easy it was to actually use, that is a function of I think the team here at Eschenbach doing a fabulous job of constructing a Telelowvision Program that really is simple for both providers and patients.

And also, the second element of surprise that our providers are sharing with us is the surprise over how easy it was for their patients to use this system. And that's something that we, when we launched this program, this product and system, we were a little nervous about. We didn't know how the 85-year-olds would embrace the technology involved in our low vision program. In some of the greatest, most challenging patient situations where there isn't a provider available or caregiver present at the same time and where some of the environmental concerns present additional risk to success, they've still succeeded.

And so, I think those are the two elements of surprise that our providers are sharing with us, how easy it is for them to use it and how willing and capable their patients are at leveraging it, even in coming from profile populations that you wouldn't expect it.

Ed Haines: That's fantastic. And like I said, I was in many years in the field, and I wish this program had been around while I was working. Those are all the questions I have. Are there any final remarks you'd like to make about the Telelowvision Program before we wrap things up?

Ken Bradley: Well, I certainly would like to encourage anyone who is interested in low vision care to maybe suspend all disbelief and if a Telelowvision meeting appointment or counseling session is recommended, to maybe embrace that and give it a shot because I think that element of surprise will be in your favor. I think that's really the case.

And for any providers that may be listening, I think that this is really the vanguard of so many healthcare services in the future. And what we've seen in the past is that telehealth as a category initially embraced all of the purely medical services but was a little bit slow to get involved in services where there were adaptive solutions, prosthetic devices, dispensable tools that resulted.

And it took things like Warby Parker in eyewear and other remote models via the web for hearing devices and things to really get the market, both the professional and consumer level, to say this may work and this is something that maybe is appropriately suited for my lifestyle that I can leverage. And I think we're going to see more and more of this in the future. I would say, hey, get involved and get accustomed to telehealth. And if you're a low vision care provider, Telelowvision as early as possible because it is definitely something that will be present for the next decades for sure.

Ricky Enger: That's fantastic. And I think you're right, that it is going to become more and more prevalent. So, for anyone who is listening who has low vision and they're thinking this sounds amazing, but I really don't know if my provider's involved or I don't know how to ask for this sort of service, do you have any thoughts on how that process gets started given that you are sort of doing all the communication with the provider? Is it that they should contact their provider first and perhaps the provider should contact Eschenbach about this program? Is that how it works?

Ken Bradley: Well, if they have an eyecare provider that provides low vision care, then I would certainly prompt them to say, "Hey, look, I can't" for whatever reason it may be, maybe it's a concurrent malady that prevents me from leaving the home for the next 12 weeks or something, yeah, call your provider and say, "Hey, can we do something via telehealth or Telelowvision immediately so that I don't have to wait?" And if you just remember the name Eschenbach, if they're a low vision care provider, they'll know the name and they'll know that we can provide assistance in that regard.

If you're a consumer who's visually impaired and you don't have a low vision care provider, you can just reach out to us and we've got thousands and thousands of customers, hundreds of which at this point in time are comfortable with the Telelowvision Program. And we can certainly try to make a referral that will be able to help them get care as soon as possible.

Ricky Enger: Excellent. Well, thank you so much, Ken, for sharing the information about this. I think it's really exciting and of course, incredibly useful. Appreciate your spending a little time with us and you too, Ed.

Ed Haines: Thanks, Ricky. And thanks, Ken.

Ken Bradley: Thank you both very much. It was a pleasure.

Ricky Enger: Got something to say? Share your thoughts about this episode of Hadley Presents or make suggestions for future episodes. We'd love to hear from you. Send us an email at podcast@hadley.edu. That's P-O-D-C-A-S-T@hadley.edu. Or leave us a message at (847) 784-2870. Thanks for listening.