Patients’ Awareness of Vision Rehabilitation Services in Private versus Public Ophthalmology Practices

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Purpose
Previous studies have shown that only 20% of eligible low vision (LV) patients typically receive vision rehabilitation services1. Lack of referral was found to be a major barrier to accessing available services2. The Montreal Barriers Study investigates demographic and psychological characteristics of LV patients, and how these influence their level of awareness and knowledge of vision rehabilitation services1,3-4. The data have shown that ophthalmologists selectively refer LV patients for rehabilitation services depending on their level of visual acuity, and that the first barrier is often the lack of awareness and/or referral by eye-care practitioners5.

Although there has been little research comparing patient knowledge levels in private versus public health settings, anecdotal, many practitioners believe that a private-practice setting allows them more time to discuss important issues with their patients.

One of the few studies on this topic compared patients’ opinion of doctors in a public healthcare center with those in a private practice3. Results indicated that doctors in a private-practice setting were more likely to inform patients about their disease, preventative methods and therapeutic management. Of particular interest, was the finding that patients in a private practice were more likely to be referred to a specialist or related services.

The present study examines the degree of awareness as well as probability of referral by an ophthalmologist as a factor of patient characteristics in a private versus a public clinical setting.

Methodology

- 80 study participants (26 M, 54 F); age range: 36-97 years of age (Median = 82.5)
- Patients of ophthalmologists in a private group practice
- Eligible for low vision services according to the definition of visual impairment by the Government of Quebec Ministry of Health (VA < 20/30 in the better eye with best correction)

Scales utilized:
- Visual Functioning Index 14 (VF-14): a 14-item measure of functional vision1
- Brief COPE: Inventory: a 28-item questionnaire measuring coping quality5
- Satisfaction with Life Scale (SWL): 5-item measure of life satisfaction6
- Center for Epidemiological Studies Depression Scale (CES-D): 10-item measure of depressive symptomatology7

Demographic information collected from patient chart and via interview:
- Age, sex, diagnosis of impairment
- Severity of impairment (Mild: < 20/60, Moderate: 20/60-20/400, Severe: < 20/400)
- Awareness and utilization of rehabilitation services (did not know, knew but did not go, knew and went)
- These 80 participants were matched on the following characteristics to 80-practice patients who were drawn from the Montreal Barriers Study database:
- Matching variables: age, gender, diagnosis & severity of impairment

Results
The study participants who sought services in private ophthalmology practices were indistinguishable from public-practice patients on most demographic variables.

In both groups:
- 70% of the individuals were retired and reported strong family support
- 50% of the participants rated their health as either good or excellent
- 25% had completed high-secondary education
- 40% lived independently

Of the four scales used to assess psychological characteristics, a difference was found only for the Brief COPE, with patients frequenting private practices adapting better than those in the public health settings, t(85) = 1.936, p < .05, as seen in the graphs to the left. Contrary to expectations that private-practice patients would be better informed, we found that both groups were equally likely to:
- Be aware of rehabilitation services
- Be referred by their ophthalmologist (31% public, 33% private)
- Access vision rehabilitation services

Conclusion
Although it has been assumed that patients receiving ophthalmological care in private practices would differ significantly from patients in public practices in their level of awareness regarding rehabilitation services, the data do not support this supposition.

The level of awareness in the study participants is a function of the severity of their impairment is similar to the pattern found in the overall Montreal Barriers Study.

As was originally assumed, the groups did not differ in self-reported income.

An important factor to keep in mind is that socioeconomic status should not be a barrier to patients accessing services in Quebec, as the Provincial Ministry of Health covers all expenses associated with assessment, training, and provision of assistive devices.

Furthermore, the assumption that ophthalmologists in a private practice may have more time to interact with their patients, and would therefore be more likely to refer them to rehabilitation services, was not upheld.

The significant difference between the two groups on coping strategies is interesting but challenging to explain at this point.

References

Disclosure:
Tanja C. Gninka, Laura J. Galic, Donald H. Watanabe, Olga Overbury