

# Providing assistance to nursing home residents can improve access to cataract surgery

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CATARACT is a leading cause of low vision and blindness among nursing home residents, but few nursing-home residents who would benefit from cataract surgery actually undergo the procedure. Nursing homes can dramatically increase the surgical rate by providing assistance with scheduling and transportation, a new study suggests.

The study looked at the residents of 28 nursing homes in the US. The rate of cataract surgery was only two percent among residents who were screened and received a full ophthalmologic examination identifying cataract as the cause of low vision, but increased to 31% when similar residents were given assistance in obtaining services.

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“What was amazing was that the screening program led to almost no surgeries on its own. Providing assistance in getting through the process led to a dramatic increase,” said David S Friedman MD MPH, Johns Hopkins University, Baltimore, Maryland, the study’s lead author, in an interview with *EuroTimes*.

## The SEEING project

The study, called the Salisbury Eye Evaluation in Nursing Home Groups (SEEING) project, included 28 nursing homes near Salisbury, Maryland. The homes

were matched in pairs by size and by the proportion of residents who paid for their care, were randomised to either usual care or an intervention group.

Usual care included visual acuity screening, plus a full ophthalmologic examination by Dr Friedman for those who were found to have visual impairment. Dr Friedman reported his findings to the patient, the patient’s guardian, and the nursing-home physician; further care was left to the discretion of the family or guardian.

In the intervention group, patients received usual care plus additional services. This meant that the study team facilitated access to the treatment that the ophthalmologist had recommended, whether it was new eyeglasses, cataract surgery, or low-vision care. Facilitating

access to cataract surgery entailed providing transportation to and from the practice of a community-based ophthalmologist. This included transportation for the preoperative visit, the surgery, and the postoperative visit.

The researchers decided to undertake randomisation by nursing home rather than by individual so that the nursing homes could provide the same standard of care for all their residents.

## Cataract surgery often

## refused

A total of 1305 residents had their vision tested, 634 in the control group and 671 in the intervention group. An ophthalmologist recommended cataract surgery for 177 residents – 99 in the control group and 78 in the intervention group. Of those recommended for surgery, 20% had visual acuity of 20/100 or worse in the better eye.

Of the 78 people in the intervention group who had cataract surgery recommended, 74 were considered to be eligible for surgery. The patient or guardian refused surgery in 37 patients – half of the cases – and the community ophthalmologist refused to perform surgery in 11 patients. Two of the remaining 26 patients had their surgery postponed, leaving 24 patients (33%) who were considered eligible for the procedure to have it performed. By contrast, only two (2%) of the 99 people in the control group who had cataract surgery recommended underwent the procedure.

Residents with cataracts causing vision worse than 20/40 in the better-seeing eye were more likely to be older and more likely to be black than those who did not have visual impairment from cataract. They also had lower scores on the Mini-Mental State Examination and had been residing in the nursing home for longer.

The researchers found no difference in rates of cataract surgery between those who gave their own consent and those who needed a guardian’s consent. Age, race, gender, cognitive status, and length of stay in the nursing home did not affect the likelihood of agreeing to surgery.

## Multiple barriers to treatment

Dr Friedman and his co-investigators hypothesised that lack of access to transportation and lack of assistance in scheduling appointments were two major barriers in access to cataract surgery. This study supports that hypothesis, but highlights several barriers that the investigators hadn’t anticipated.

First, they were surprised by the unwillingness of family members, guardians, and residents to consent to cataract surgery – a relatively benign, sight-restoring intervention – or even a preoperative exam.

“Had we anticipated the high number of residents who refused to even visit an ophthalmologist for a preoperative exam, we would have come up with a systematic way of evaluating the reasons for not going,” Dr Friedman said.

Dr Friedman and his co-investigators attributed this unwillingness to have surgery to a sense of resignation among patients and guardians, and wrote that this raises an important question:

“How aggressive should caregivers be with reluctant, depressed, cognitively impaired individuals and their families who do not want to ‘bother’ or ‘upset’ the resident?”

Dr Friedman and his colleagues also were surprised to find that many of the community-based ophthalmologists who had agreed in advance to treat residents referred from nursing homes were unwilling to perform the procedure. In more than 20% of cases, patients referred for surgery were told “not to bother” with the procedure, even though they had cataracts that impaired their vision. One possible reason for this, he explained, is a wish to do no

harm, especially in the case of cognitively-impaired individuals.

Dr Friedman said that his group is planning to publish further results from this study that address the question of how the surgery affected quality of life, including such factors as mobility and independence.

Jie Jin Wang PhD, a Senior Research Fellow who works with Paul Mitchell MD in the Department of Ophthalmology at the University of Sydney, Australia, told *EuroTimes* that “the SEEING study addresses the issue of eye health care provision to nursing home residents that has been relatively neglected so far by health care providers.”

Dr Wang pointed out that earlier intervention, before people need nursing home placement, would have the ability to help even more people.

“When older people attend doctor’s clinics for other problems, case finding of individuals with visual impairment by primary health care professionals, together with vision restoration or rehabilitation measures would also have the potential for cost savings by allowing visually impaired people live in their homes longer,” she added.

She concluded that “streamlining cataract surgery services for older persons – including nursing home residents with cataract-related visual impairment – demands a more collaborative effort from public, private health systems and governments.”

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